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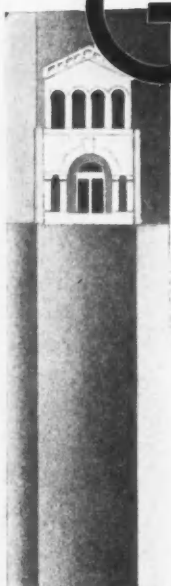
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No. 6

WHAT THE MEDICAL PROFESSION CAN DO TO DIMINISH THE MORTALITY FROM CANCER*

By ROBERT B. GREENOUGH, M. D.
Boston, Massachusetts

THE selection of so discouraging a disease as cancer as a subject on which to speak before your society indicates a state of mind on the part of the speaker which appears to reflect little of the pleasure and appreciation I feel at receiving the honor of your invitation to attend this meeting of the California Medical Association. It is in the hope, however, that I may succeed in dispelling some of the pessimism which everywhere attends this subject that I venture to offer to you these reflections upon cancer in general, and in particular upon the responsibilities of the medical profession in regard to this disease.

INCREASE IN THE DEATH RATE OF CANCER

No medical audience needs any argument to persuade them that the situation in which we find ourselves today, in relation to the diagnosis and treatment of cancer in its many situations, and to its steadily increasing death rate all over the world, is a critical one. Where we see the death rate of tuberculosis diminishing year by year and that of cancer increasing in almost equal measure, we must appreciate the inefficiency of our present methods of attack upon the cancer problem. In the United States registration area cancer deaths increase almost uniformly two per cent a year, and have advanced from 63 to 96 per 100,000, and from sixth to second in the mortality list since 1900.

No explanation of this fact, by reference to more accurate diagnosis or to the attainment of a greater proportion of the population to the cancer age, diminishes in any way the significance of the fact that year by year more and more of our population die of cancer. That is the fact which we must face, and it behooves us as members of that profession which has accepted the responsibility of safeguarding and protecting the health of the community, to consider seriously what we

are going to do about it! Shall we sit by with idle hands and await the problematic discovery of some universal remedial agent for cancer by one of the many institutions devoted to cancer research, or shall we admit that cancer differs so markedly from those other diseases for which already successful methods of cure have been discovered that it is well within the range of possibility that there is not one cause but perhaps a multitude of causes for cancer. Should this be so a "cure" for cancer in the form of a single remedial agent or method is scarcely to be expected. Under these conditions our attack upon the disease must be made by the mobilization of a whole army of different agencies, many of which we now possess, but all of which may be made much more effective than they are as we employ them today.

The metaphor of "mobilization of an army" in the fight against cancer is not perhaps too remote to be justified in this connection if we stop to consider the resources which we are in a position to bring to bear in this fight today.

RESOURCES IN THE FIGHT AGAINST CANCER

First and foremost of these resources we must place the knowledge we have so laboriously gained about cancer. While the germs of this knowledge date back to the earliest medical writings of history, accurate knowledge of the disease made its beginnings with cellular pathology, under Virchow, in the latter half of the nineteenth century. It is only in the past twenty-five years, however, that many of the popular misconceptions in regard to cancer have been dispelled, such as the theory that it is a humoral or blood disease, that it is due to parasitic organisms, or that it is of necessity a fatal disease. It is safe to say that the last twenty-five years have added to our knowledge more facts than had been accumulated in all the centuries before, and today this knowledge is increasing by leaps and bounds. Many of the best minds in the many different fields of science which touch upon this subject are engaged today in productive and promising laboratory and clinical investigations in cancer, and it will soon be possible to say, if indeed it cannot already be said, that we know more facts about cancer in man and in animals than we do about a great many other diseases for which we have remedial agents which are effective for the control of the disease.

*This guest speaker paper read before the general meeting of the California Medical Association, at the sixty-first annual session, Pasadena, May 2-5, 1932.

THE "CAUSE" OF CANCER

It is, of course, true that we are unable to say that we know the "cause" of cancer. In the diseases of parasitic or metabolic or physiologic origin, the discovery of the cause of the disease has been an essential condition to our understanding of its nature and to the development of our methods for its control. With cancer, however, it is a different story. Cancer is a disease which may occur in any one of a multitude of different portions of the human or animal body, and we have good reason to believe that it may be brought into existence by any one of a number of different agents.

To illustrate this aspect of the situation let me state the conception of the disease cancer which has gradually come into being in my own mind, and doubtless into the minds of many others who have been interested in this subject. I make this a personal matter, however, solely to avoid committing anyone else to a statement which may well require revision in the days to come, when we have acquired further knowledge than we now possess. My own concept, then, is as follows: Cancer is a disease in man and animals in which the essential characteristic is a change of manner of growth of a group of cells in the body, of such a nature that they show an increased rapidity of cell division, combined with a loss of differentiation for such function as those same cells normally exhibit in the body economy. Combined with these changes is an alteration of the normal tissue relations which maintain the anatomical integrity of the different cellular components of the body, with the result that the cells which compose the malignant tumor invade the other tissues in their immediate vicinity, and may be carried through the lymphatics or the blood vessels or otherwise to more distant regions, where they develop as new colonies of cancer cells or metastases.

While it is true that certain highly malignant tumors do appear to develop in the embryonal "rests" to which Cohnheim attributed the development of cancer, the importance of this phenomenon has been entirely overshadowed in more recent times by the conception of the part that so-called "chronic irritation" plays in the causation of cancer. It is an extraordinary fact, and one that is even yet not so widely appreciated as it should be, that cancer can be produced accidentally in man and intentionally in laboratory animals by three such different methods as by the exposure of the tissues to the long-continued irritative effects of chemical agents (tar), physical agents (x-ray) and biologic products (bilharzia, cat-tape-worm). The one common factor in these three different forms of carcinogenic agent is that of prolonged non-lethal damage and of stimulation of the reparative processes of nature. In man the chronic irritative lesions of the skin which we see in tar, pitch, and paraffin workers, or on the scrotum of the now almost obsolete chimney sweep, are characterized by keratoses and thickenings of the skin and by the formation of benign

warty growths, which may last for perhaps ten to fifteen years before cancer actually develops. In animals the experiment is accomplished more rapidly—say in weeks or months, but in a time interval which corresponds closely, so far as the life span of the animal is concerned, to the ten to fifteen years in human beings.

With x-ray the story is the same, and it was the long duration of the chronic irritative and inflammatory stages of the process before cancer began that delayed so long our recognition of the dangers of continued exposure to x-rays, and brought about the sacrifice of so many valued lives among the pioneer investigators in this most valuable but hazardous field of physical and medical science.

The classical examples of the significance of biologic agents in the production of cancer are cancer of the bladder in man, as a result of infestation with bilharzia; and in animals the production of sarcoma of the liver in rats, by Wood, by their infestation with the cat-tape-worm. These two examples serve, however, to complete the picture and show the diversity of agents which may be employed to produce cancer. The significance of these facts in regard to the production of cancer by agents capable of causing chronic irritation, lies not alone in the conception which it gives us as to the cancer process as a whole. It provides also a firm and reasonable foundation for efforts looking to the prevention of cancer, a most important aspect of the entire subject which may well, in the future, be counted of almost as much significance as is the treatment of the disease itself. If by treatment we can eliminate the irritation which causes cancer, or even if only we can recognize the symptoms of such an irritant and by continued observation learn to intervene in time, with appropriate methods of treatment we can prevent cancer just as definitely as we prevent typhoid fever or smallpox by vaccination.

The importance of heredity in cancer is still under active discussion. So far as animals are concerned we must admit that inheritance can play a very significant part in the etiology of cancer. The work of Tyzzer, Maud Slye, and Clarence Little demonstrates this fact, although the question of the number of genes involved and whether cancer is a dominant or a recessive character is still a field for active controversy. Human beings, however, are neither mice nor guinea pigs, and in-breeding of such a degree as is necessary for the demonstration of cancer inheritance in mice is revolting and indeed impossible in humans. Under these circumstances we may perhaps safely say that up to the present time, with the exception of certain very rare but well recognized and peculiar tumor processes in human beings, cancer is not a matter of direct inheritance. I am ready myself, however, to believe that an inherited lack of resistance to cancer may indeed exist in human beings, or if you prefer, we may call it a predisposition to cancer.

It may well be that the tissues of one individual, either through inheritance or from some other as yet unrecognized constitutional state, are more readily awakened to the peculiar form of unlimited growth which we call cancer than are those of other persons. Evidence of something of this sort is afforded by two facts: first, that all human beings and all animals exposed to chronic irritation, such as that of tar or x-ray, do not develop cancer at the same time; some are more susceptible than others. The second observation has to do with the occurrence of multiple cancer in the same individual. We have all seen patients cured of one form of cancer, only to develop primary cancer of another organ, and instances of threefold or even fourfold occurrence of cancer are recorded. Under these circumstances it seems only reasonable to concede that in human beings inheritance may well carry a reduced resistance to cancer. The individual so afflicted, however, should be able to protect himself and overcome this possible handicap by learning the symptoms which are in any way suggestive of cancer, and by seeking competent advice immediately if any such symptoms do arise.

Today it is a generally accepted fact that cancer begins at some single point of origin and extends from that spot by infiltration of the adjacent tissues or through the lymphatics and the blood vessels and occasionally by implantation from one to another surface of the body cavities. We know that certain tumors have sites of predilection for their metastases, such as the extension of hypernephroma or cancer of the breast, thyroid, and prostate to the bony skeleton or that of melanotic sarcoma of the eye to the liver, or of osteogenic sarcoma to the lung. We know that as a rule it is only the development of metastases in some internal organ which finally impedes a vital function that cancer causes death, and it is on this account that it is so difficult to foretell the life duration of even an advanced case of cancer.

ROLE OF THE PATHOLOGIST IN THE STUDY OF CANCER

The study of cancer by the pathologist in the laboratory and in the autopsy room has been, of course, the essential foundation of our knowledge of this disease. It is by the facts there gained that the different forms of cancer are identified and classified, and by this means that our knowledge of its course has been established. For many years it has been customary to recognize in the laboratory tumors which by their microscopic characteristics show evidence of extreme rapidity of growth. v. Hansemann's term "anaplasia" was indicative of these characters, and denoted an increased rapidity of growth, with a corresponding loss of differentiation for function, so that in the tumors of extreme malignancy all means of identification of the tissue of origin may be lost, and carcinoma be mistaken for sarcoma, or vice versa. The application of these facts to the clinical study of tumors, however, owes its origin to A. C. Broders of the Mayo Clinic, who was the

first to attempt the histological grading of a series of cases of cancer of the lip, and check these findings with the known clinical results of treatment. Since that time—now only eleven years ago—the histological grading of the malignancy of tumors has been widely accepted, and today a pathological report which states merely that the tissue examined is cancer is, in many clinics, considered quite incomplete unless an attempt is also made to evaluate the degree of malignancy the tumor shows.

There should be no misapprehension, however, about this matter—a tumor of low-grade malignancy is perfectly capable of causing the death of the patient, otherwise it would not be cancer—and a tumor of high histological malignancy may well be cured, if only it is discovered and removed or destroyed before it has extended to the surrounding parts. In the long run, however, more tumors of low malignancy are cured and less of the higher grades. In fact, perhaps the best example of the significance of grading is obtained when we consider the results of treatment in comparison with the temporal duration of the disease. Both in cases of cancer of the breast and of cancer of the mouth a study of end-results not infrequently shows the apparent paradox of a larger percentage of cures in those cases which show the longest duration in months. It is only by recognizing the significance of the varying degrees of malignancy that we can understand that a low-grade tumor of, say twelve months' duration, may well be less widely extended and thus more readily cured than will be a highly malignant one of shorter duration but more rapid growth.

Another characteristic of tumors which is determined partly by histological study, but far more by clinical experience, is that of radiosensitivity. Ever since the beginnings of radiotherapy certain histological types of tumors have been recognized to be peculiarly sensitive to radiation. With the increasing knowledge derived from analyses of the results in radiated tumors, and by correlation of these facts with the histology of the tumor, a whole new chapter has been added to our knowledge by which we may now recognize those tumors which are responsive to radiation, such as lymphosarcoma or the lymphoepithelioma of Regaud, and give them radiation treatment.

On the other hand, we learn from the study of radiosensitivity that most forms of cancer of the breast—and practically all of the fibrosarcomas and osteogenic sarcomas—are so resistant to radiation that radical surgery is best employed without delay.

One further fact has been contributed to our knowledge of cancer from the study of the experimental tumors of animals, and this relates to biopsy. It is found by experiment that a clean incision into a tumor, or even the excision of a piece of the tissue for frozen section, diagnosis does not increase the rapidity of the spread of the disease, whereas massage or rough handling of a tumor while it is still *in situ* greatly increases the rapidity of its spread to other parts. This fact

is one of very great importance, for it makes possible a safe exploratory operation in any doubtful case in which the disease is so limited to its local point of origin that symptoms diagnostic of cancer are not yet apparent. While the writer would, of course, deplore the unnecessary cutting into cancer tissue where it can be avoided, the fact that methods of exploration have been devised by which this can safely be done in practically every situation, adds enormously to the possibilities of discovery and prompt and appropriate treatment of incipient cases.

Such operations, however, should be performed only when all of the necessary facilities for frozen section diagnosis and for immediate surgical or radiation treatment are available. Delay between the exploratory incision and the operation is fatal to the success of this procedure.

TREATMENT OF CANCER

The treatment of cancer today, except in the hands of individuals and institutions which are carrying on experimental methods, is dependent upon surgery or radiation or a combination of these methods. Surgery may include operations performed with the scalpel, or the cautery, or by the newer methods which employ high frequency electric currents for cutting or coagulating purposes. Radiation includes the use of x-ray and of radium. The effectiveness of surgery, and especially that of radiation treatment, has been greatly increased in the past twenty years. It is not improbable that further improvements in technique will yet be made, but as things stand today cancer is cured by surgery or by radiation only when effective treatment is given in the early and local stages of the disease. This statement, however, can be made about many other diseases for which we have specific curative methods. The advanced case of diphtheria or of tetanus dies in spite of antitoxin, and so does the advanced case of diabetes in spite of insulin. With all remedial agents the promptness with which the treatment is begun is a vital matter. In cancer, however, this factor assumes even greater importance because cancer is always a lethal disease unless effective treatment is given in the early and favorable stages of its development.

GROUP ORGANIZATION AGAINST CANCER

The resources upon which we must depend in the fight against cancer include all of the general medical resources of the country, including the entire medical profession, the state and federal public health departments, medical societies, general and special hospitals, pathological laboratories, x-ray equipment both for diagnostic and for therapeutic work, and radium and the special apparatus for its efficient application. With the material resources must go also the professional skill and experience to guide their use. Not everywhere in the country can all of the necessary equipment be made available at the present moment, but beginning in the special cancer institutes and cancer hospitals—and now not infrequently

in special tumor clinics or cancer departments of general hospitals—the needed facilities and the necessary professional skill are gradually being made available.

Already it is widely recognized that the diagnosis and treatment of cancer is too big and too intricate a problem for any one man to master. The essential principle of the cancer clinic, as advocated by the American College of Surgeons, is specialization—not of one man but of a whole group of men, whose different abilities are needed in dealing with this difficult disease. The nucleus of this group will always be the surgeon, the pathologist, and the radiotherapist, but representatives of the departments of internal medicine, and of the specialties, such as gynecology, genitourinary surgery, dermatology, the neurological surgeon and the laryngologist, are also needed. Such an organization must function as a group, and conferences for the study of patients for the determination of plans of treatment of individual cases and for the consideration of the end-results must be held at frequent intervals.

With this unduly prolonged recital of the resources in knowledge, in man power, and in equipment which we may draw upon in our campaign against cancer, let us now proceed to develop a battle plan.

A BATTLE PLAN AGAINST CANCER

Contact with the enemy must first be made by the advance guard—the public. Not a step in advance can be made in the fight against cancer until the patient consults a physician. The first important activity then must be the education of the public that they may recognize in themselves the symptoms which are suggestive of cancer, namely, any lump, or sore which is slow to heal; any change in digestive or bowel habits, or any abnormal or bloody discharge from the body cavities. Such symptoms do not by any means imply that the patient has cancer, but they are at least worthy of immediate investigation. The American Society for the Control of Cancer has concerned itself especially with this matter of public education. It provides pamphlets and leaflets for distribution to the public, and makes use of radio talks, moving pictures, lectures, articles in the magazines and in the daily press. Already we think we see in districts where these educational measures have been carried on, an increase in the public interest, a diminished dread of the disease, and, what is most important, a larger proportion of early cases seeking medical advice. Much has been done also in the way of public education by state and city health departments, by the Federal Public Health Service, and by the American College of Surgeons, but more remains to be done and that chiefly by the medical profession. Every practicing physician is a reliable and valued source of medical education to his own patients and to their families and friends. He has the confidence of his people, and if he tells them to look out for lumps and sores and abnormal discharges, and to waste no time in seeking advice, it counts with

them far more than a thousand leaflets or articles in the daily press. Consider this suggestion, and I venture to say that you can, each of you, think of at least one among your cancer patients where death might have been prevented if you had yourself given him this necessary information before the trouble came.

THE IMPORTANT PLACE OF PRACTICING PHYSICIANS

If the public is the advance guard, the practicing physicians of the entire country are the foot soldiers—the men in the trenches—upon whom the brunt of the battle falls; and to them must go the credit for every advance that is made against the enemy. The diagnosis of advanced cancer is unmistakable, but the diagnosis of an early local lesion frequently defies the talents of the most experienced specialist. To that extent to which we are successful in educating the public, to just that same extent do we make more difficult the task of the physician first consulted by the patient with suspicious symptoms. In the cancer clinic these doubtful diagnoses can be settled by an exploratory operation, but unless all of the resources for frozen section diagnosis and immediate treatment are available such an operation may jeopardize the patient's chances of ultimate recovery. It becomes necessary, therefore, to provide for each physician in general practice and for his patients some easily accessible consultation service at a cost within the patient's means. The distances in this country are far too great to handle this problem by concentration centers as is done in Europe. A cancer institute similar to the Memorial Hospital in New York costs in the neighborhood of \$10,000,000 for construction, equipment and maintenance. Until such sums are made available by private endowment or by governmental appropriation, some less expensive method must be devised to fill this want. This is the reason for the movement on the part of the American College of Surgeons to promote cancer clinics and diagnostic centers in general hospitals throughout the country. Already some two hundred hospitals have indicated their desire to meet the minimum standards set up by the College, and it is not unreasonable to suppose that a material increase in consultative cancer service will soon be made available to the physicians practicing in these United States.

To continue our metaphor, cancer institutes, cancer hospitals, and special cancer clinics must be regarded as the heavy artillery which is called upon to aid and support the men in the trenches and to clear the way for them before any material advance can be made against the enemy.

In addition to providing consultative cancer service, however, much yet remains to be done in awakening the interest of physicians in the cancer problem, and in overcoming the pessimism with which they have in the past regarded this disease.

A month ago the Cancer Committee of the Massachusetts Medical Society arranged a two-

day series of clinics in the Boston hospitals, and one hundred and seventy-five cases of five-year cures of cancer were present and were demonstrated, in an effort to overcome this pessimism. There is no question that the physicians who saw those cases went away convinced that there was work which they could do to diminish the mortality from cancer.

There are other ways also in which the practicing physicians of this country can help the situation. Many intelligent patients—in my part of the country at least—seek advice from a physician in regard to cancer only to be put off—sometimes actually without examination—with the explanation that their symptoms are not suggestive of cancer. It is well known that many cases of cancer of the rectum are treated for hemorrhoids, and many cases of irregular uterine bleeding are attributed to the menopause until advancing symptoms necessitate the examination, which reveals advanced cancer. It is generally understood, moreover, that it requires far more knowledge and experience to give safe assurance to a patient that he has *not* got cancer than to detect it when it is present. Any patient presenting symptoms which could possibly be due to cancer deserves the most painstaking examination which the physician consulted is capable of giving.

Another matter in which members of the medical profession can contribute to obtain more accurate information in regard to cancer is in relation to the signing of death certificates. To be of any value it is the point of origin of cancer that is significant, not the site of its metastases. Thus, primary cancer of the liver is a very rare disease, and yet some ten thousand deaths from cancer of the liver are recorded annually in the United States. Many of these may be secondary to cancer of the stomach or intestine, but it is safe to say that actually a very considerable number of these cases were primarily cancer of the breast or of other remote organs and only secondarily involved the liver in the terminal stages of the disease.

IN CONCLUSION

Finally, and in conclusion, I would like to indicate to you the possibilities in the way of a reduction of the annual mortality from cancer, even with no material addition to our present resources for the diagnosis and treatment of the disease. In the registration area of the United States, where records are kept of the nature and location of the diseases which cause death, as indicated on the death certificate, an average of 108,000 fatal cases of cancer were recorded annually in the years 1927, 1928, and 1929. This total mortality is further divided into the different regions of the body affected, and in this way we find that cancer of the lip had an average annual mortality during these years of only 554 cases, cancer of the breast accounted for 9946 cases, and cancer of the stomach for 24,602.

We recognize further that cancer in some of its locations is far more favorable for cure, by our

modern methods of treatment, than is that in other regions. We may indeed select the following list of locations, namely, lip, mouth and tongue, stomach, intestine, rectum, ovary, uterus, breast, and skin, as being the more favorable situations, as indeed they are also the more common locations, comprising nearly two-thirds of the total deaths from cancer every year. One cannot say that there are *no cures* even in the remaining one-third of cases which occur in regions or organs which are less favorable for cure, but they have been omitted from consideration in this estimate on the ground that the numbers of cure are few, and that we have not at the moment any very accurate statistics on which to base our calculations.

At the clinic for "cured" cases of cancer, which we held in Boston in April, we were able to obtain from the Palmer Memorial, the Collis P. Huntington Memorial, and the Massachusetts General Hospital, the actual percentages of all primary cases of cancer of these ten regions which were found to be alive and free from disease for at least five years after treatment. We also succeeded in obtaining the actual percentages of five-year "cures" for each of these regions in the early and favorable cases which were recognized and given effective treatment, whether by surgery, or by x-ray or radium, or by a combination of these methods.

As an example, I will cite the figures for cancer of the breast, which are based on the series of cases which entered the wards of the Massachusetts General Hospital in the calendar years 1921, 1922, and 1923. One hundred and seventy-seven cases of cancer of the breast entered the hospital during these three years, and five or more years later fifty-six of these patients were alive and well, or 32 per cent. Of these 177 cases some were frankly inoperable, others were suitable only for palliative operations without expectation of cure. The remaining 111 cases were suitable for an attempt at radical cure by operation, and fifty of these cases were in the early local and favorable stage of the disease. Of these fifty patients, thirty-one were alive and well at the end of the five-year period, or 62 per cent. Similar figures were obtained for the other nine "favorable" locations, some being, of course, less encouraging and others more so.

With the mortality figures of the Census Bureau as a starting point, using the percentage of cures in all primary cases in these ten regions, it was possible to calculate the annual number of patients alive and dead for these ten regions, thus constructing a morbidity estimate which we have not had before. Thus, if there were 554 deaths from cancer of the lip, and the primary cures amount to 60 per cent, 554 is 40 per cent of the total number of cases, *i. e.*, 1385. If to this morbidity figure we then apply the percentage of cures obtained in early and local cases of lip cancer, namely, 88 per cent, we get an annual mortality figure of only 167 cases, and our cures increase

from 831 cases annually to 1218, a saving of 387 lives in every year.

It is probably true that the percentage of figures obtained at these three Boston hospitals are not as high as those of a number of other special cancer institutes and cancer clinics, but it is our belief that they may be taken as a reasonable average for the larger clinics throughout the country. If, on the contrary, the criticism is offered that these percentages are too high, I can only say that every hospital in the country which has modern equipment in the way of surgery, x-ray, and radium, and a coöperative pathological laboratory can readily equal these figures if indeed they do not surpass them. It is only a question of the amount of energy and interest devoted to this particular field of medicine.

Applying this method of computation to the whole group of ten locations which we have classed as "favorable," we obtain an estimate of 92,618 cases of cancer annually, a mortality of 69,508, and only 23,100 "cures," or 25 per cent.

If, however, all of these 92,618 cases in the favorable group could be discovered and treated while in the early and local stages of the disease, the mortality would be brought down from 69,508 to 39,958, the "cures" would rise from 23,100 to 52,660, a saving of 29,550 lives a year, and a reduction of the total mortality from cancer of 27 per cent.

No miraculous discovery of the long-sought cause of cancer is necessary to obtain these results, nor any specific remedial agent. Only three things need to be done to accomplish this result. The public must be taught to recognize symptoms which are in any way suggestive of cancer, and to avoid the least delay in consulting a competent physician. The medical profession must be aroused to the vital importance of immediate and thorough examination of the patient. When the physician is himself in doubt as to the diagnosis, expert consultative service in the cancer or tumor clinic of some readily accessible general hospital must be made available to him and to his patients, without unreasonable expense.

The Cancer Commission of the California State Medical Association has already made a formidable attack upon this question in arousing the interest of the physicians of California. In due time they will proceed to sponsor the education of the public, and in the meantime special cancer hospitals and cancer clinics in general hospitals are being established all over the State of California and in other states as well.

It appears to me that it rests very largely with us, as members of the medical profession, whether we shall take on this fight to reduce the cancer death rate. I confidently hope that the members of the California State Medical Association will be among the first volunteers to enlist, and that it will be for the duration of the war.

Harvard University Medical School.

RESECTION OF THE PYLORUS—ITS EFFECT ON THE SECRETORY AND MOTOR FUNCTIONS OF THE STOMACH*†

RESEARCH PRIZE PAPER OF THE SIXTY-FIRST
ANNUAL SESSION OF THE CALIFORNIA
MEDICAL ASSOCIATION

By HAROLD L. THOMPSON, M. D.
Los Angeles

SURGERY steadily is assuming greater importance in the treatment of disease of the stomach and duodenum, owing to the appearance of increasing numbers of reports of favorable clinical results. In clinical practice three general types of surgical operation are employed in the treatment of disease of these organs, namely, plastic gastroduodenostomy, simple gastrojejunostomy, and pyloric resection. Resection of the pylorus is employed universally as an operation of necessity for radical cure of malignant disease of the stomach. Opinion is divided, however, regarding the use of this operation in the treatment of benign peptic ulcer. Whereas a small number of gastric surgeons apply it empirically in the treatment of uncomplicated peptic ulcer, another group of surgeons maintain that neither theoretical nor practical results warrant the use of so radical a procedure in the treatment of benign disease. This difference of opinion exists because the physiologic effects of pyloric resection have not been established conclusively.

The problems which arise in an analysis of the fundamental aspects of this subject are numerous and complex. For example, the pyloric portion of the stomach anatomically consists of two parts, the pyloric antrum and the pyloric sphincter. Each of these parts possesses two distinct functions. The functions of the pyloric sphincter are, first, the control of the discharge of food from the stomach, and second, the regulation of the entrance of intestinal juices into the stomach. The functions of the pyloric antrum include, first, the secretion of an alkaline, mucous, non-proteolytic juice, and second, perhaps, the exercise of a subtle influence over the secretory function of the fundus. In an experimental study of the effects of pyloric resection on the physiology of the stomach, one encounters peculiar conditions which must be controlled carefully. As an illustration, there are three phases of gastric secretion: cephalic, gastric, and intestinal. The normal gastric secretory response to ingested food is the composite result of influences from these three sources. Moreover, there occur variations in gastric secretion which are normal. There are secretory variations not only among different individuals, but also within the same individual; hence the necessity of maintaining properly controlled experimental conditions. Inasmuch as the application of operative

procedures to the human stomach presupposes the existence of organic disease of the digestive tract, clinical observations are not suitably controlled for physiologic interpretation. A corollary to this is that properly controlled physiologic observations may be made only upon stomachs in which disease does not exist. Thus, in this particular field, clinical results are not necessarily the equivalent of physiologic results. In view of the prevailing conflict of opinion regarding these fundamental and practical problems, an experimental study of the effect of resection of the pylorus on the physiology of the stomach seemed to hold promise.

The study reported here was conducted upon dogs. It is believed that the method which was used adequately controlled the variable factors involved. For example, in order to eliminate and thus control the factor of normal variation of gastric secretory response to a standard stimulus applied to different individuals, multiple operations (as many as five) were performed upon each animal employed. The physiologic effects of each operation were observed after the animal had recovered, by means of the fractional method of gastric analysis, and by roentgenologic examination performed before and repeated four weeks after operation. In this study a total of 22,074 determinations of acidity, including titrable total and free hydrochloric acid and hydrogen ion concentration were made on gastric content. Several different types of operation were utilized to elucidate different phases of the physiologic effects of resection of the pylorus. Multiple resections of graduated, successively greater portions of the pylorus were performed as separate operations, and the effects of each grade of resection were observed in the same animal. Continuity was reestablished after each resection by means of the Billroth gastroduodenostomy, or by the Polya or Billroth types of gastrojejunostomy. In supplementary studies the Pavlov fundus pouch, the Roux jejunostomy, and bilateral transthoracic vagotomy were utilized. The effect of using one-half the amount of the test-meal also was observed. In keeping with the fundamental anatomic and physiologic character of these studies, descriptive historico-anatomic rather than strictly surgical nomenclature has been applied to the operations used. The results of these studies are of apparent physiologic, surgical, and clinical significance.

LITERATURE

Because of the limited space available, none of the three hundred articles in the literature on this subject, which were reviewed, will be referred to here, except by stating that the impression prevails among physicians that either resection of the pylorus or anastomosis between the stomach and intestine are sufficient in themselves to reduce the acidity of gastric content.

PROCEDURE

Throughout these studies on the effects of resection of the pylorus on the physiology of the stomach, a standard procedure was used. The

* This paper was submitted under the nom de plume, "I. Guthrie Bayard," and was awarded the Research Prize of one hundred and fifty dollars at the sixty-first annual session of the California Medical Association, Pasadena, May 2-5, 1932.

† Abridgment of a thesis to be submitted to the Mayo Foundation in partial fulfillment of the requirements for the degree of Doctor of Philosophy in surgery.

experiments were conducted upon healthy dogs of uniform medium weight.

The effects of operation on both secretory and motor functions of the stomach were noted. The effects on gastric secretion were observed by fractional analysis of gastric content. The effects on the motility of the stomach were observed roentgenologically. Repeated observations were made before operation and again at a uniform interval of four weeks after recovery from operation. A standard test-meal, consisting of 80 grams of fresh, lean, ground meat, and 250 cubic centimeters of tap water, and a standard dose of 1.0 milligram of histamin in fresh solution were employed separately as gastric secretory stimulants. A standard opaque meal of barium sulphate in gum acacia solution was utilized in roentgenologic examination. During the course of digestion, portions of gastric content were withdrawn from the stomach by negative pressure through a Smithies stomach tube. The emptying rate of the stomach was observed fluoroscopically following the administration of the opaque meal. On each sample of gastric content three determinations of acidity were made. Total and free hydrochloric acid were determined by the usual clinical method of titration of gastric content. Hydrogen ion concentration was determined potentiometrically.

Special care was exercised in the control of the normal variations in gastric secretion. The factor of normal temporal variation, within each individual, of gastric secretory response to a constant stimulus was controlled in three ways: first, by thoroughly training each animal to the routine of gastric analysis so that psychic influences were eliminated; second, by performing fractional analysis of the continuous (basal, resting) secretion at regular intervals over periods as long as one hour before the secretory stimulus was applied; and third, by drawing conclusions only on an agreement of the results of fractional analysis performed in triplicate before, as well as after, each operation. The factor of natural variation, among different individuals, of gastric secretory response to a given stimulus was controlled in two ways: first, by the performance of multiple operations on the same animal; and second, by the performance of the same operation on more than one animal. Obviously it is not possible to control these conditions in an analysis of the results of the operations which are performed on man.

This study of the physiologic effects of resection of the pylorus was conducted in three phases. The first phase consisted of observing only the gross effects of resection on the acidity and movement of gastric content. Observations in the second phase were limited to the effects of pyloric resection on the secretory function of the stomach. The third phase was confined to observations on the neutralization of gastric juice after it is secreted into the pylorotomized stomach. Appropriate surgical methods were employed in each phase of the investigation.

In the first phase, the gross effects of resection of the pylorus were analyzed in detail by a method

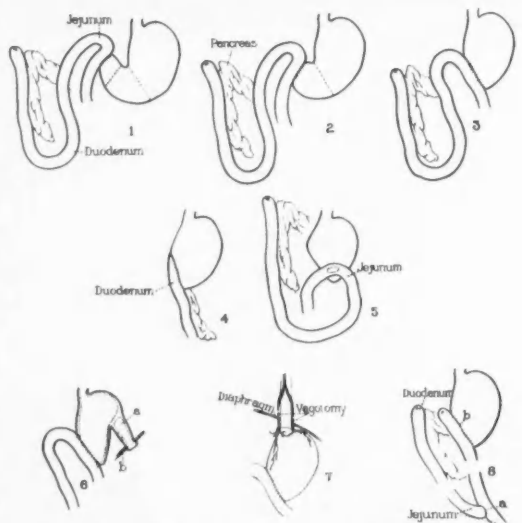


Fig. 1.—Diagrams of the operations which were used in the study of the effects of resection of the pylorus on the secretory and motor functions of the stomach: 1. Grade 1 resection of the pylorus with Polya gastroduodenostomy. 2. Grade 2 resection of the pylorus. 3. Grade 3 resection of the pylorus. 4. Pyloric resection with Billroth I gastroduodenostomy. 5. Pyloric resection with Billroth II gastroduodenostomy. 6. The Pavlov pouch in the pylorotomized stomach: (a) Pavlov pouch; (b) Abdominal wall. 7. Bilateral supradiaphragmatic vagotomy in the pylorotomized stomach. 8. The Roux jejunojejunostomy in the pylorotomized stomach.

which I devised especially for this study. The procedure permits investigation of the distinct functions of the two portions of the pylorus separately. This method consists of performing multiple graduated resections of the pylorus on the same animal. Resection graded 1 comprises removal of the distal one centimeter of the circumference of the pyloric portion of the stomach, including the pyloric sphincter (Fig. 1; 1). Keeping in mind the dual function of the pyloric sphincter, the effects of its removal should be reflected in two ways: first, by alterations in the motility (emptying) of the stomach; and second, by alterations in the acidity of gastric content resulting from more ready entrance of duodenal juices into the stomach. Recalling also the two functions of the pyloric antrum, these were observed quantitatively by the process of removing the distal and proximal halves of the antrum at separate operations. To accomplish this, two more grades of resection are employed. In resection graded 2, the distal half of the remainder of the pylorus is removed (Fig. 1; 2). Resection graded 3 consists of excision of the remaining half of the pylorus, along with a narrow band of the distal portion of the fundus in order to insure removal of all of the pyloric mucosa (Fig. 1; 3). Being the simplest of the standard methods of performing gastrointestinal anastomosis after resection of the pylorus, the Polya gastroduodenostomy is used. The observations on resection of the pylorus were conducted on ten dogs. Upon each dog multiple graduated resections were performed as described.

For the purpose of comparing other standard forms of anastomosis between the pylorctomized stomach and the intestine, the Billroth I gastroduodenostomy and the Billroth II gastrojejunostomy each were performed on pylorctomized dogs (Fig. 1; 4 and 5, respectively). Two dogs were used for each form of anastomosis. Thus, in the first phase of this study, only standard operative procedures which are used in clinical surgery were employed. Accordingly this phase corresponds to the clinical investigations which have been conducted on man.

In the second phase of the investigation, two additional operative procedures were applied to the stomachs of animals which had been pylorctomized at previous operations, namely, the Pavlov pouch and bilateral supradiaphragmatic vagotomy. These operations cannot be used justifiably in man, but are of the utmost service in the experimental elucidation of the effects of resection of the pylorus on the secretory function of the stomach. The Pavlov pouch was constructed in the fundus of the stomach of each of five dogs which had been used previously in observations on multiple graduated resections of the pylorus (Fig. 1; 6). Following ingestion of the test-meal, it was possible to collect from these isolated portions of the stomach pure fundus secretion. The acidity of the pure secretion was compared with that of the food and gastric juice mixture which was removed simultaneously from the stomach. The second operation used in this phase of the investigation was performed on three pylorctomized dogs. According to the Pavlov school, which recognizes gastric (secretagogue) and cephalic (psychic) phases of gastric secretion, the former phase is removed by excision of the pylorus, but the latter phase is not affected by this operation. By means of supradiaphragmatic bilateral vagotomy, it is possible to eliminate the cephalic phase of gastric secretion in the pylorctomized stomach and thus determine its rôle in the residual secretory function of the stomach (Fig. 1; 7). The actual state of gastric secretory function in the pylorctomized stomach was determined by the aid of these two special operations.

For the purpose of investigating the neutralization of gastric juice which is secreted into the pylorctomized stomach as the third phase of the present study, two procedures were used. In the first procedure, the rôle which the duodenal juices play in this respect was observed by utilizing the Roux jejunojejunostomy. This operation was performed on three pylorctomized dogs. By means of this surgical procedure, the duodenal juices were shunted into the jejunum at a level forty-eight centimeters distal to the original Polya gastrojejunal anastomosis (Fig. 1; 8). In this manner their neutralizing effects were excluded from the stomach. In the second procedure of this phase of this investigation, the effects of different quantities of food on the acid values of the content of the pylorctomized stomach were observed. This was accomplished by comparing the results obtained from the use of the standard meal with those secured from the use of a meal

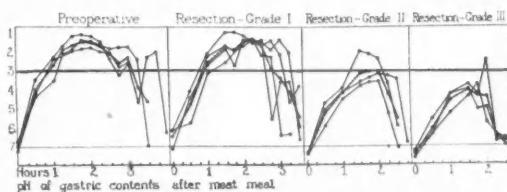


Fig. 2.—Chart illustrating the effect of graduated multiple resection of the pylorus on the hydrogen ion concentration of the gastric content according to repeated fractional gastric analysis, employing the standard test-meal of meat and water. Note that the concentration of H ions is not lowered after resection grade 1, that it is slightly lowered after resection grade 2, that after grade 3 resection it is markedly lowered, and that free hydrochloric acid is not present (H ions below 3).

containing one-half the standard quantity of ingredients. Two dogs were used in these observations. The effect of resection of the pylorus on neutralization of gastric content was observed by these methods.

RESULTS OF EXPERIMENTS

In the succeeding report on the observed effects of resection of the pylorus, the term "acid values of gastric content" refers collectively to hydrogen ion concentration and titrable total and free acids. Likewise, the term "duodenal juices" refers to the mixture of succus entericus, pancreatic juice, and bile, as it occurs in the duodenum during digestion. In the figures which illustrate this report, the variations in H ion concentration observed in gastric analysis performed in triplicate are shown. They are plotted in terms of pH^* . The pH curves formed in this way are inverted, so as to conform with the direction taken by the curves which are used in clinical practice to represent titrable acidity. Since by definition the symbol pH is the negative expression for H ion concentration, the latter term is retained in this report to compensate for the inversion of the curves. Thus, a rise in the inverted pH curve denotes a decrease in pH and an increase in H ion concentration.

Attention also is called to the line which extends horizontally across each figure from the number 3. In gastric content having a concentration of H ions of 3, a trace of titrable free hydrochloric acid also is present. The portions of the H ion concentration curves which occupy the zone above this line thus indicate the presence also of free hydrochloric acid in the gastric content. Free hydrochloric acid is not present if the curves do not extend to the level of this line. The titrations of free hydrochloric acid which were conducted simultaneously with the H ion concentration determinations actually demonstrated the truth of this relationship.

GRADUATED MULTIPLE RESECTION WITH POLYA GASTROJEJUNOSTOMY

The observations on the gross effects of graduated multiple resections of the pylorus were significant. After these resections the acid values of gastric content subsequent to ingestion of the test-meal varied indirectly with the amount of the pylorus removed (Fig. 2). Like results were observed in the ten animals used in the experiments.

* Editor's Note.—For article on interpretation of pH curves, see Miscellany, page 475.

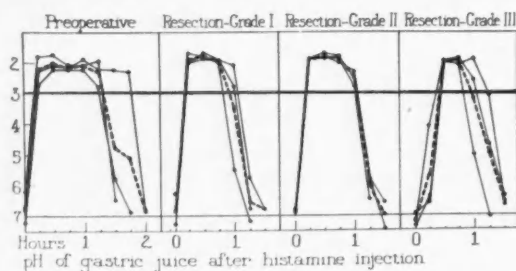


Fig. 3.—Chart illustrating the effect of graduated multiple resection of the pylorus on the hydrogen ion concentration of gastric content according to repeated fractional gastric analysis employing the standard dose of histamin. Note that the H ion concentration is normal after all grades of resection.

Subsequent to resection of the pyloric sphincter the acid values of gastric content were not reduced. Following removal of the distal half of the pylorus the acid values in the stomach content were slightly reduced. Removal of the entire pylorus was followed by a marked reduction in hydrogen ion concentration and total acid, and free hydrochloric acid did not appear. These observations were made when the test-meal was used in gastric analysis. A noteworthy difference in the results of gastric analysis was observed following the injection of histamin as a gastric secretory stimulant. After administration of this drug, reductions corresponding to the grades of resection were not noted (Fig. 3). A more striking difference, however, was that after Grade 3 resection of the entire pylorus, free hydrochloric acid, by contrast, was present. The latter observation indicates that despite the absence of the pylorus, the fundus, under appropriate conditions, is capable of secreting gastric juice which contains free hydrochloric acid. This difference in the presence or absence of free hydrochloric acid in gastric content, according to the kind of secretory stimulant applied, appears to have an important bearing on the mechanisms of secretion and of neutralization of gastric juice.

In roentgenologic observations on the emptying rate of the stomach following graduated multiple resections of the pylorus, interesting results also were observed. Following resection of portions of the pylorus, the emptying rate was reduced below the preoperative emptying time, regardless of the grade of resection. The rate, however, was not reduced increasingly for each grade of resection. Absence of the pyloric sphincter, therefore, rather than the increase in diameter of the pyloric outlet, seems to be responsible for the result observed.

PYLORIC RESECTION WITH BILLROTH GASTRODUODENOSTOMY AND GASTROJEJUNOSTOMY

In the four animals in which resection of the pylorus with Billroth I gastroduodenostomy and Billroth II gastrojejunostomy were performed, comparable results with respect to gastric secretion and motility were observed, with one exception: the emptying rate of the stomach was not reduced after Billroth II gastrojejunostomy (Fig. 4).

PAVLOV FUNDUS POUCH

In the preceding paragraphs it has been shown that there is a discrepancy in the amount of free hydrochloric acid present in the content of the pylorotomized stomach following the use of two types of gastric secretory stimuli. As a means of investigating this discrepancy, Pavlov pouches were constructed in the fundus of the pylorotomized stomach of five dogs, so that simultaneous fractional analysis of pure fundus juice and of mixed gastric content could be made. On comparison it was noted that the acid values of the mixed gastric content were low, and free hydrochloric acid was not present. The juice of the fundus pouch, on the other hand, possessed acid values which were normal, and free hydrochloric acid was present (Fig. 5). The fundus, therefore, actually secreted gastric juice having acid values which were normal. Following injection of histamin, the acid values of the gastric content, likewise, were lower than those of the pouch juice. From these observations it may be inferred that after resection of the pylorus there is a relative increase of buffer and neutralizing values in the gastric content.

BILATERAL TRANSTHORACIC VAGOTOMY

Elimination of the gastric phase of gastric secretion by pylorotomy having disclosed that the fundus pouch secreted gastric juice having normal acid values, the question naturally arose regarding the relative importance of the cephalic phase of secretion in the secretory activity of the fundus. Bilateral transthoracic vagotomy was used to eliminate the cephalic phase of gastric secretion in three pylorotomized dogs. Following this

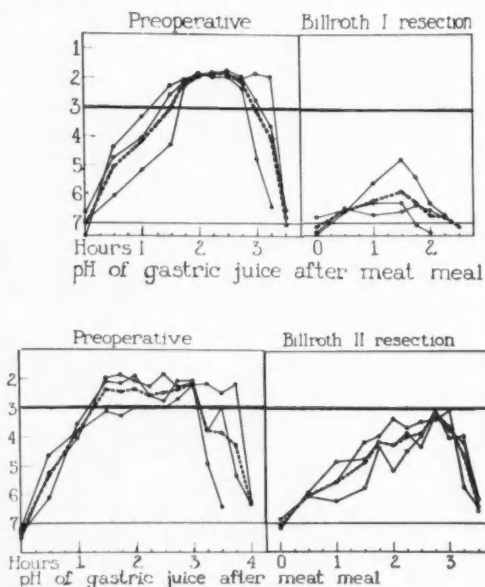


Fig. 4.—Charts illustrating the comparative effects of resection of the pylorus with Billroth I gastroduodenostomy and Billroth II gastrojejunostomy. Note that the H ion concentration is higher after Billroth II than after Billroth I, but that free hydrochloric acid is not present after either Billroth I or II.

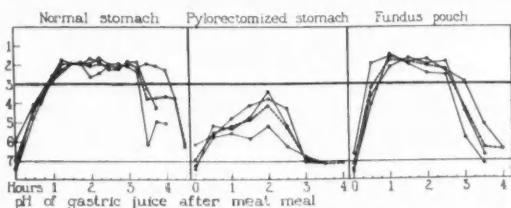


Fig. 5.—Charts illustrating the comparative concentration of H ions in the mixed gastric content and the pure fundus pouch juice of the pylorctomized stomach. Note that while the acid values of the pure pouch juice were normal, those of the mixed gastric content were low, and that free hydrochloric acid was not present, i. e., H ions below 3.

procedure, gastric juice with extremely low acid values was secreted on ingestion of food (Fig. 6). This observation indicates that, following pylorctomy, the cephalic phase of secretion is of major importance to the secretory activity of the remaining fundus.

ROUX JEJUNOJEJUNOSTOMY

The foregoing comparison of pure fundus pouch juice with mixed fundus content suggested that resection of the pylorus was followed by a relative increase in the amount of buffer substances present in the content of the stomach. As a means of determining the extent to which duodenal juices contribute to this apparent increase in buffer substances, these juices were excluded from the stomach by means of the Roux jejunojejunostomy performed upon three dogs, which had previously been pylorctomized with Polya gastroduodenal anastomosis. After exclusion of the duodenal juices from the stomach by the Roux operation, slightly higher acid values were present in the gastric content (Fig. 6). This indicates that the duodenal juices which enter the stomach normally or after resection of the pylorus possess a slight degree of buffer value and neutralizing power.

NEUTRALIZING EFFECT OF FOOD

The extent to which duodenal juices neutralize gastric juice having been ascertained, there remained to be determined the buffer value and neutralizing power of the food used in the analysis of the content of the pylorctomized stomach. In this investigation, a comparison was made between the results obtained from the standard meal and those secured when a meal containing half the standard quantity of the same ingredients was used. Higher acid values were obtained on employment of the half-quantity meal (Fig. 7). This result reveals that meals of ordinary size may

contain sufficient protein to neutralize all of the hydrochloric acid the fundus is capable of secreting.

SUMMARY

A comprehensive study of the effects of resection of the pylorus on the secretory and motor functions of the stomach is reported herein. The manner of approach is different from that of any clinical or experimental investigation reported previously. The method is based on the application of certain standard and specially devised surgical operations to the normal stomachs of dogs. The physiologic effects of the operations are observed by gastric analysis and by roentgenologic examination.

A number of significant facts were observed in this study. Contrary to prevailing opinion, and despite the fact that the pyloric sphincter regulates the emptying of the stomach and the admission of duodenal juices into it, resection of the sphincter, combined with Polya gastroduodenostomy, does not lower the acidity of gastric con-

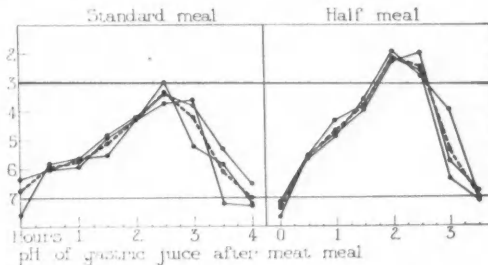


Fig. 7.—Charts illustrating the comparative effects of the use of the standard and the half-standard meal in gastric analysis following resection of the pylorus. Note that the acid values are higher when the half-standard meal is used and that free hydrochloric acid is present.

tent nor hasten emptying of the stomach. Graduated multiple resections of the pylorus confirmed the prevailing belief that the pylorus is essential to physiologically normal gastric secretory function. A roughly quantitative relation between the amount of pylorus present and the efficiency of secretion is suggested. The fact that widening of the outlet of the stomach does not shorten its emptying time also is contrary to the general conception.

The most important contribution resulting from this study refers to the apparent and real secretory functions of the pylorctomized stomach. The use of histamin and the Pavlov pouch disclose that the fundus, after removal of the pylorus, continues to secrete gastric juice having normal acid values. The most important factor in the secretion of gastric juice by the pylorctomized stomach is the cephalic phase of secretion as revealed by the performance of vagotomy. Achlorhydria occurring after pylorctomy is apparent only, and is the result of neutralization by the duodenal juices and the food. In the past the importance of the duodenal juices in this respect has been overemphasized, whereas the neutralizing capacity of the food has not been stressed sufficiently.

1930 Wilshire Boulevard.

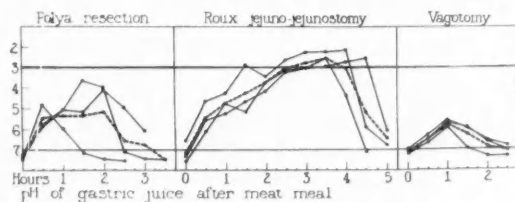


Fig. 6.—Charts illustrating the effects of the Roux jejunojejunostomy and of bilateral vagotomy on the acid values of the content of the pylorctomized stomach. Note that the acid values are higher after the Roux operation and lower after vagotomy.

PSYCHOPATHIC WARDS IN THE GENERAL HOSPITAL*

By H. G. MEHRTENS, M. D.
San Francisco

IN spite of the steady improvement in the care of the psychiatric patient in the state hospitals and plans for the erection of neurological institutes and psychopathic hospitals, there is still one field in psychiatry very inadequately covered, and that is the psychopathic ward in the general hospital. Historically, there has been a tendency for the psychiatric patient to be treated apart from the general run of medical and surgical cases. Perhaps because of the special accommodations necessary, special technique in handling, and the prejudice of administrative officers in general, hospitals have had some bearing on this segregation. On the other hand, the greater reason may be attributed to the attitude held by laymen; and occasionally to the medical profession, who believed the psychotic patient had nothing in common with, and could receive no benefit from, the facilities of a general hospital. In the last twenty-five years the opposite trend is establishing itself. Some psychiatric conditions, such as paresis and encephalitis, have been demonstrated to have a pathology as definite as any in medicine, while still other psychoses which have not as yet been proved to have an organic basis have their roots in psychological mechanisms common to those exhibited in every ward of the general hospital. It thus comes about that the psychopathic hospital is now not necessarily located in the inaccessible wilds, but is being established near general medical centers where the laboratories and various specialists are available.

INTIMATE RELATIONSHIP BETWEEN GENERAL MEDICINE AND PSYCHIATRY

I would like to point out several reasons why an even more intimate relationship between general medicine and psychiatry must obtain. In the first place, we all recognize that the incipient conditions in psychiatry, like the beginnings of any medical condition, are more amenable to therapy than at any other time. Frequently these early forms are encountered in every service of the general hospital before they are referred to the psychiatrist. Unless a psychiatric service is closely coordinated with the other medical specialties such therapeutic opportunities are lost.

Then again, with public attitude toward the terms "mental" and "psychopathic" being what it is, there is less fear, embarrassment, and antagonism on the part of the patient and relations if the psychiatric examinations and the treatment of suitable cases are carried on in the same building where the general medicine and surgery are practiced. No difficulty is experienced when the patient feels that his ailment is not so different from those he has considered to be without stigma. It seems most reasonable and reassuring to the

mother that the problem child should receive advice and treatment of a psychological nature in the same clinic or hospital where its tonsils had been successfully removed. The patient presenting himself to the gastrointestinal clinic for aerophagia does not resent being referred across the hall for inquiry into the psychic causes.

PSYCHIATRIC WARD

The psychiatric ward itself needs no elaborate equipment. At Stanford we have found that, apart from a few precautions taken with windows and exits and a continuous tub, the ordinary hospital equipment is adequate. The essential element is the staff. It should consist of a psychiatrist, house officers, services of a psychologist, a psychiatric social service worker, and psychiatric nurses. Such an organization is able to develop a ward "atmosphere" of positive therapeutic nature. Excitable, difficult, and noisy patients transferred from other services of the hospital tend to find understanding and relaxation, to the great satisfaction of the hospital administrators. The great advantages of such a ward do not accrue to the patient alone. The hospital as a whole is relieved of the burden of caring inadequately for suicidal, noisy, and violent medical complications. The necessity for restraint and oversedation in the treatment of such patients is greatly diminished when the equipment is adequate and the personnel is experienced.

The medical staff tends to benefit in having under the same roof a demonstration of what the psychiatrist can contribute in a diagnosis and therapy for the psychiatric case common in every ward. The interns trained in such a ward have in our experience been of enormous usefulness in uncovering still further cases when they return to the other services.

Again, there is the type of patient who suffers from well defined organic illness, and in addition presents obvious psychopathic manifestations. This type of patient requires all the facilities of the general hospital but in addition requires that service only to be obtained in a psychopathic ward.

Finally, we must consider the steadily increasing number of procedures, both diagnostic and therapeutic, applied to the psychiatric case which necessitates frequent consultations with the laboratory and with all the other special departments of the general hospital. These procedures could not be economically performed unless the psychiatric ward was in close contact with the rest of the medical specialties.

VALUE OF PSYCHIATRIC WARDS TO MEDICAL STUDENTS AND NURSES

For the training of the medical student the psychiatric ward and the consultations of the members of its organization offer unique advantages. Here the student learns to consider the psychiatric work-up as just as much an essential medical procedure as a physical examination or laboratory work. He learns his psychiatry from examples taken from patients that appear to him

* Chairman's address, Neuropsychiatry Section of the California Medical Association at the sixty-first annual session at Pasadena, May 2-5, 1932.

to be typically medical or surgical cases. He meets few of the end results of institutional care and therefore does not consider the psychiatric case as one apart from the rest of the medical problems he is attempting to solve.

The training of pupil nurses in the handling of psychiatric cases is not only useful in graduating nurses who will devote their lives to this work, but presents an even more important function in giving the nurse who intends to devote herself to general nursing, or even to the other medical specialties, a psychiatric attitude that will prove most helpful to her patient and to herself. We have frequently been told that pupil nurses who have completed their services in the psychiatric ward and gone into other wards have shown a surprising ability to handle the ordinarily difficult patient.

SUMMARY

To sum up, the psychiatric ward in the general hospital, together with its out-patient department, offers to the patient facilities for a diagnosis of incipient psychiatric conditions at a time when therapy is of most value. It enables the patient to receive advice without conflicting with his prejudices, or feelings of guilt or shame. It offers to him and his family ideas of mental hygiene, without the need of overcoming a spirit of antagonism. The psychopathic ward offers to the general hospital facilities and an organization prepared to care for the difficult cases which would otherwise disrupt the smoothly running operation of the various services. It serves as a demonstration ground for the staff where the potentialities of psychotherapy may be displayed. It equips young men in their student and intern years, as well as pupil nurses, with psychiatric experience. It acts as a middle ground where both psychiatric and somatic conditions can be studied. Not until every general hospital is equipped with a well organized psychopathic ward will the psychiatric patient receive that early attention which is essential to the complete carrying out of any mental hygiene program.

Stanford University Hospital.

REGIONAL ANESTHESIA—ITS MODERN- TECHNIQUE AND THERAPEUTIC APPLICATION*

I

By M. B. GREENE, M. D.
Brooklyn, New York

PRODUCTION of loss of sensibility for surgical and medical purposes has been aimed at since the days of ancient history. As pointed out by H. Braun, the oldest traditions in written form in our possession contain references to the induction of artificial sleep. Egyptians and Chinese, Greek and Roman physicians, as well as the "med-

icine men" of primitive African tribes, were acquainted with the intoxicating properties of certain vegetable juices and utilized these in the form of beverages for the relief of pain in surgical interventions.

INITIAL WORK OF RECLUS

In our modern age, one of the earliest pioneers of local anesthesia was Paul Reclus, of the University of Paris. For over a quarter of a century prior to the beginning of the World War, since 1889, Reclus had used local anesthesia for operative and therapeutic purposes. Although his method was far from satisfactory, it was rapidly adopted by various French and German surgeons, spreading from these countries throughout the civilized world. The method employed by Reclus was that of infiltration with cocain solution (1.0 of cocain in five per cent solution.) Because of the high toxicity and extremely rapid absorption of this drug, especially from closed cavities lined with mucosa or serosa, this method had a very limited field in surgery and an even more restricted range in therapeutics.

INFILTRATION METHOD

The rapid evolution of local anesthesia may be said to have set in since the discovery of Novocain, by Einhorn, in Germany, in 1905. "Novocain" is the proprietary brand name for procain hydrochloride, a crystalline compound often known in the United States as procain and sometimes designated as Kapp's serum, after Josef Franz Kapp (New York).^{*} It is six times less toxic than cocain, passes slowly into the general circulation, and its local action, favored by the addition of adrenalin, is neither irritative for the infiltrated zone nor injurious to the vitality of the tissues, these properties rendering it the anesthetic of choice for local as well as regional anesthesia. At the beginning, because of the inadequate technique and lack of proper instrumentarium, this method was used by only a very small group of operating surgeons. Numerous accidents were reported and strong opposition arose against its use. But in the course of time, the technique was greatly improved, and with the introduction of modern type needles and syringes, the apparently impracticable and cumbersome method of Reclus developed into the practical and widely used infiltration anesthesia of today.

REGIONAL METHOD

In conformity with the advance of medical and surgical science, various research workers and surgeons endeavored to overcome the disadvantages of the infiltration method. So-called regional anesthesia developed in the course of time. Its application differs greatly from the infiltration procedure, where the solution is injected more or less at random into the tissues. In the regional method, the anesthetic solution is deposited at the point of origin of the nerve groups, or at some place along

*Read and cases demonstrated before a special meeting of the Washoe County Medical Society, Nevada, on October 8, 1931.

^{*}Dorland's Medical Dictionary, Fifteenth Edition, 1929, page 836.

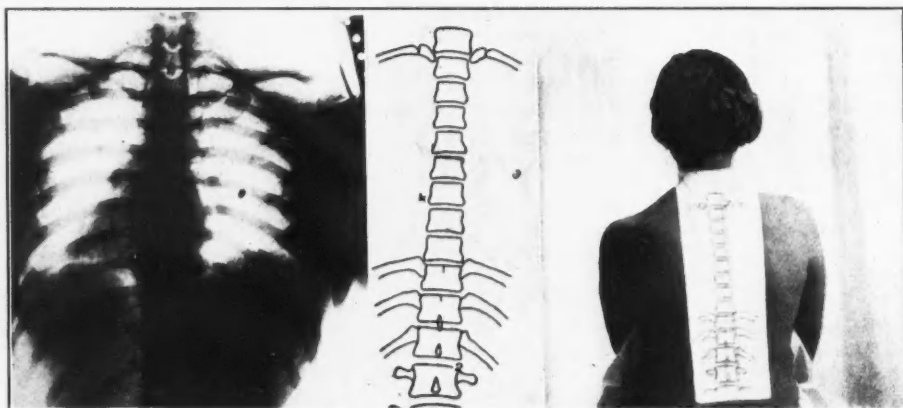


Fig. 1

Fig. 2

Fig. 3

Fig. 1.—Represents an x-ray plate taken on an experimental case. Three opaque markers are placed on patient's skin, superimposed on tattoo mercurochrome markings. The place where markers were fixed with adhesive are marked on the x-ray picture with numbers 2, 3, and 4.

Fig. 2.—Represents processed lantern-slide image, prepared from x-ray plate in which only contours of the vertebrae, ribs, and transverse processes are visible. The spots where the opaque markers were placed are marked with numbers 2, 3, and 4.

Fig. 3.—Shows how the lantern slide is projected back on patient's skin. Observe that the numbers 2, 3, and 4 superimpose over tattoo marks placed on patient's skin; in this way normal relative dimensions are maintained.

the nerve trunk near its origin, so that the entire region supplied by the specific nerve or nerve groups and its branches is anesthetized.

Here again, France led the way and Victor Pauchet was among the first to point out the great advantages of this method. In Germany, H. Braun and his followers advocated its adoption. Dr. Charles Mayo, who in 1920 was present at one of Pauchet's operations under regional anesthesia, asked for permission to take Pauchet's pupil and anesthetist, Gaston Labat, with him to the Mayo Clinic in Rochester. Dr. Labat, who had been Pauchet's anesthetist during three years and become an expert, remained for one year in the Mayo Clinic. Upon his arrival, he began his lectures at the Mayo Clinic Foundation. His excellent and invaluable work is chiefly entitled to credit for the present success and widespread use of regional anesthesia in the United States.

DEVELOPMENT OF REGIONAL ANESTHESIA

It is not our intention in this paper to link intraspinal anesthesia or so-called subarachnoid block with regional anesthesia proper, although spinal anesthesia can be regarded as an extensive nerve block. For the present, we wish to approach the problems of regional anesthesia proper. The progress of regional anesthesia was rather slow. This fact is due to four principal factors:

1. The anesthetist must have a very accurate knowledge of anatomy, more particularly osteology.

2. A high degree of skill and mastery of technique is required, so that the anesthesia may be induced quickly and without danger.

3. The length of time required for the blocking of several nerves is rather considerable, especially when such a block is bilateral, even with the most skilled operators.

4. Lack of exact knowledge of the situation of bony landmarks. Hence the exact localization of the nerves to be blocked involves great difficulties.

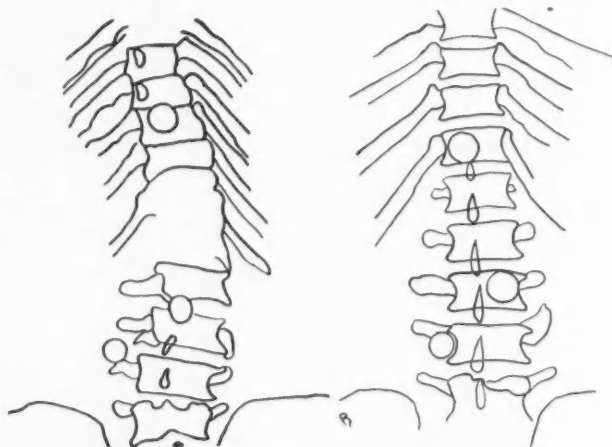


Fig. 4

Fig. 5

Fig. 4.—Represents processed lantern slide taken from x-ray plate made for an experimental case at the Kings County Hospital, New York City. Observe the rotations of transverse processes and malformation of same as well as the general deformities of spine. Without the x-ray localization, blocking of such a case would be practically impossible.

Fig. 5.—Processed plate made from x-ray plate from an experimental case at the Kings County Hospital, New York City. Note and compare the size of the first right lumbar transverse processes and the fourth right lumbar transverse processes. Without the x-ray visualization there would be great difficulty in locating the first transverse processes.

meets with serious obstacles, and may be dangerous where therapeutic alcohol block is employed.

TWO TYPES OF BLOCK ANESTHESIA

Regional anesthesia may be divided into two parts:

1. Field block anesthesia, in which the solution is distributed in certain definite planes in a fan-like manner, so as to reach all nerves crossing these planes.

2. Nerve block proper, where the anesthetic solution is deposited extraneurally or paraneurally in such close vicinity to the nerve trunk that its conductivity is interrupted by the action of the anesthetic agent.

NERVE BLOCK ANESTHESIA

This paper does not deal with the field block, the technique of which is relatively easily mastered. Conditions differed in the case of nerve block. Topographical anatomy contains the fundamentals upon which the entire knowledge of regional anesthesia depends. Visualization of superficial and deep bony landmarks and prominences, as well as the knowledge of their relation to the nerves to be blocked, are of the highest importance in this connection. The estimation of the length, width and depth of such bony landmarks has proved the chief technical difficulty. Our dissecting room experiences have rendered all of us familiar with the innumerable skeletal variations. This is particularly true with respect to the forms and shapes of the transverse processes of the vertebrae, the configuration of the ribs, the situation and direction of sacral foramina. (See Fig. 4-5.)

Palpating and locating the superficial bony prominences is always essential in guiding the needle into the deep structures. Such palpation, while possible in lean patients, is most confusing in fat and flabby individuals. This last mentioned group, remarkably enough, forms the larger contingent of patients requiring nerve blocking in one form or another.

The anesthetist must rely exclusively on his mental picture of the underlying skeleton and upon the development of his tactile sense for the localization of the indeterminate deep bony landmarks which serve as his only guide for a proper localization of the nerves to be anesthetized. The following picture is familiar to all of us:

PROCEDURE IN NERVE BLOCK ANESTHESIA

A patient is chosen to be operated upon under nerve block anesthesia. Instruments and solution are carefully checked and prepared. The patient is placed upon the operating table, and the tedious procedure of locating the necessary nerve trunks is begun. Even at the hands of the most skilled experts there is a necessity for continuous introduction and withdrawal of the blocking needle, with numerous changes of its direction, until finally the deep landmarks are located, the position

of the needle is changed once again and the injection is applied. Many times the patient moves and the search for the deep landmark must be resumed, causing additional traumatism and exhausting the patient as well as the surgeon. When such a procedure is bilateral and when several nerves are to be injected, the work is often abandoned unfinished, and general anesthesia is called for. Should this be the case for therapeutical block, the patient is greatly discouraged and very seldom consents to the repetition of the procedure. When the operation is at an end, we are usually asked by the hospital superintendent (who greets us with an indulgent smile) to begin our future operations at 7 or 8 a. m.

During the past two and a half years, I have had the privilege of watching and assisting some of our leaders during numerous nerve blocks. Yet, even in this relatively short period of time, working with a comparatively selected group of patients, some failures were observed, due to the anatomical difficulty in locating the necessary landmarks within the allotted time.

Now, if there exists a small percentage of failures at the hands of such great experts, no wonder the average surgeon meets with numerous unsuccessful attempts and is discouraged. No method, no matter how efficient or advantageous, is of real value, unless it can be duplicated by others.

The popular belief, that all we have to do to become proficient in regional anesthesia is to take a course in one or another institution offering such courses, is a pure illusion. Without the basic knowledge of anatomy and physiology, the student will meet with failure.

The education and development of the tactile sense for location of various deep structures in connection with nerve block may be a remarkable accomplishment, but it is not scientific. The tracing of such landmarks on the surface of the skin, using arbitrary schematic formulas (a definite number of centimeters from the spinal processes, et cetera), is far from being accurate, particularly in the presence of skeletal abnormalities, as exist in a great majority of cases.

Alcohol Block.—In therapeutic alcohol block, all the foregoing factors are emphasized, because of the smaller amount of solutions which can be permissibly injected and the greater accuracy required in locating the nerve trunks. Here also the question remains whether or not there is any osteoarthritic production along the bony structures in the vicinity of the nerve trunk to be injected, which may in some cases surround, overlap and even compress the corresponding nerve trunk. This demonstration is of the highest importance. The necessity for visualization, contours and topographical relations of such osteoarthritic productions, prior to the introduction of the needle is indisputable.

(To Be Continued)

FRACTURES OF THE PELVIS

AS MET WITH IN MOTOR-VEHICLE ACCIDENTS

REPORT OF CASES

By Q. B. CORAY, M. D.
Salt Lake City, Utah

It has long been recognized by the medical profession that with every new type of transportation or industrial process comes a type of bone injury that is more or less distinctive.

MOTOR-CAR ACCIDENTS

Previous to the advent of the automobile, fractures of the pelvis resulting from falls, from falling rocks or timbers, from vehicular accidents where the victim was run over, and from squeezing accidents as in the case of a miner being caught between an ore car and the so-called rib of a tunnel were occasionally seen in practice. At the present day, however, it is quite apparent that the incidence of pelvic fractures is increasing definitely and that the increase is due to the frequency of motor-car accidents. When reviewing a number of cases, a certain similarity among these fractures, and also a close resemblance between them and the type of injury sustained by the miner crushed by an ore car, is evident. The mechanism is, of course, quite similar, and is dependent upon a sudden force applied to the greater trochanter, such as would occur to the occupant of a car struck side-on at an intersection. The degree of force of the blow, together with the occurrence of other forces at the same time, determines the nature and extent of the damage.

COMMENT

After consideration of a series of cases in private and hospital practice and a hasty survey of the literature, the following conclusions have been arrived at regarding this subject:

The possibility of fractures of the pelvis in automobile accidents should always be considered. Routine x-ray examination is strongly advised.

When the pelvis is struck or crushed in a lateral or anteroposterior direction, the first points of breakage are in the pubic rami or at the ischio-pubic junctions.

Lateral pressure distorts the pelvic ring and occasionally breaks the wing of the ilium.

The seriousness of the prognosis is dependent in most cases on soft tissue trauma, more particularly injury to the bladder and urethra. Rupture of the intestines, rectum and vagina, and injury to the iliac, vesicle and pudendal vessels and the sacral nerves may occur.

The most frequent fatal complication is rupture of the bladder caused by bursting when that organ is full, or by tear from a bone spicule. Rupture of the urethra in the male results when a fracture of the descending ramus of the pubis on either side draws the triangular ligament upward. The effect of this complication is a peroneal and lower abdominal cellulitis from extravasation of urine into the soft tissues, a serious but not fatal condition. Where a ruptured bladder is present, however, the patient is quite likely to die of peritonitis. The complication of a ruptured gut is too well understood to call for comment here.

The indications are that serious permanent disability resulting from fracture of the pelvis is rare.

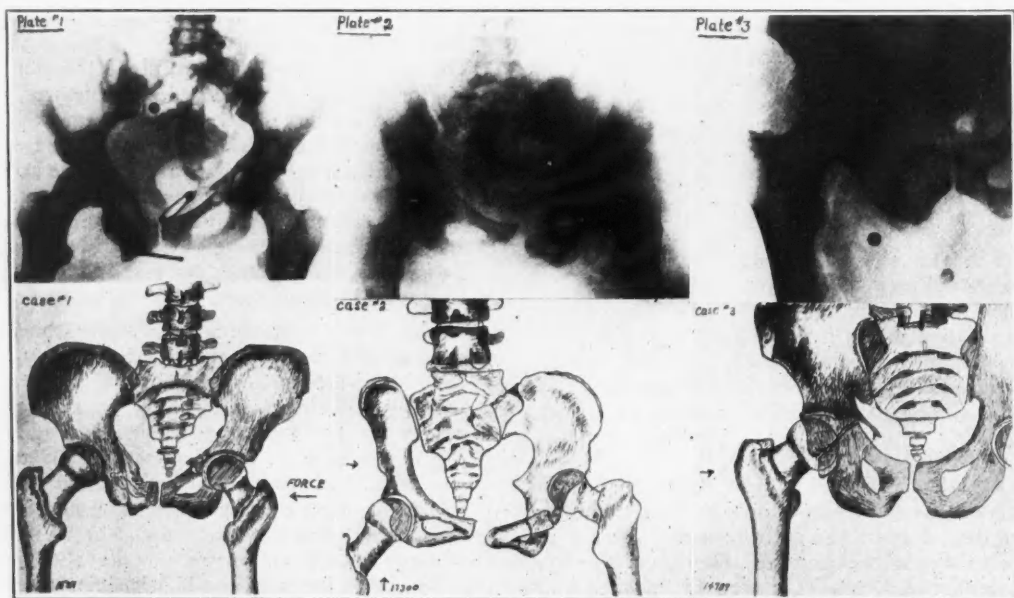


Fig. 1.—Shows common type of pelvic comminution. X-ray findings: fracture of pubic rami and ischiopubic region on right with moderate dislocation of fragments and little or no distortion of pelvic ring.

Fig. 2.—Shows gross distortion of pelvic ring with fractures of left pubis and marked upward displacement of right innominate bone.

Fig. 3.—Shows fracture of acetabulum from blow on greater trochanter. X-ray findings: linear fracture of right acetabulum and sharp spicule thrust out from inner surface of pelvic ring in region of right iliopectineal line.

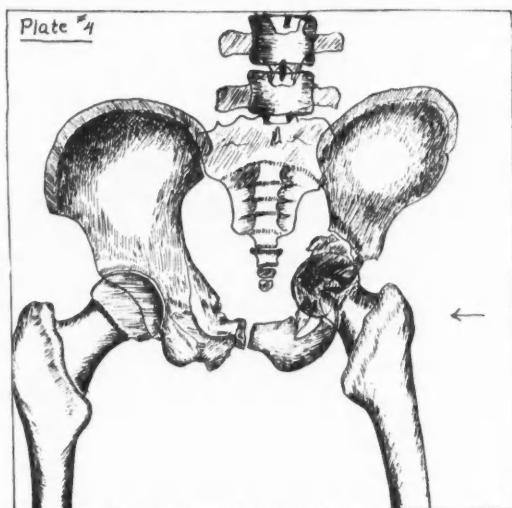


Fig. 4.—Shows injury caused by same mechanism as in Case 3, but with much greater degree of severity. (Sketched from memory of plate.)

REPORT OF CASES

The following cases are presented as typical of auto-accident fractures of varying degrees of severity:

CASE 1.—(Illustrating common type of anterior pelvic comminution.) Normally developed female, age twenty-five, brought to hospital in an unconscious condition, following collision at an intersection. Patient was being brought home from a late party, and did not remember exact details of accident.

Physical examination revealed bruises and minor contusions about hips. Abdomen was tense. No external evidence of fracture. Catheterized urine showed no blood. No rectal or vaginal injury noted.

X-ray findings: Fractures of pubic rami and ischio-pubic region on right, with moderate dislocation of fragments and little or no distortion of pelvic ring.

Patient remained in hospital for thirty days during which time "rest in bed" was the essential part of the treatment. Complete recovery was apparent a short time after being discharged.

There were several similar cases in my series.

CASE 2.—(Illustrating gross distortion of pelvic ring, with fracture of left pubis and marked upward displacement of right innominate bone.) Girl, age fifteen, was brought to hospital in semiconscious condition, following auto collision at an intersection. Past history and general physical findings unimportant. Marked abdominal tenderness, with the usual bruises and contusions. Marked irregularity of pelvis in region of symphysis, the left pubic bone being freely movable. No blood in urine. No evidence of injury to intestines or genito-urinary tract. X-ray findings, as noted above. Patient remained in hospital eight weeks during which time various types of slings and traction were applied in an effort to reduce the dislocation at the right sacro-iliac joint. When she left there was marked improvement in the condition about the symphysis, but the pelvic dislocation with resultant distortion of the pelvic ring persisted.

At present, six months after the accident, the young lady dances, works, and generally carries on without notable difficulty.

Comment.—The upward dislocation of the right pelvis may be accounted for by the fact that when the collision took place the patient was sitting in the back seat of the car with one leg propped up

on the back of the front seat. Probably a very effective force was directed upward through the right thigh.

CASE 3.—(Fracture of acetabulum from blow on greater trochanter.) Male, age fifty-nine, standing by his car, was struck by a motorcycle. Brought to hospital in conscious condition, complaining of intense pain in right hip joint. General physical condition and past history not important. Considerable aggravation of pain with movement of right leg.

X-ray findings: Linear fracture through right acetabulum, with a sharp spicule of bone sticking out from the inner margin of the pelvic ring in the region of the right pectineal line. Patient remained in hospital only eight days, treatment consisting of rest in bed. Some stiffness of right hip joint persisted thereafter. Disability slight.

CASE 4.—Sketched from memory of plate. This is a good example of what might have resulted in Case 3 had the force of the blow been greater. Penetration of the head of the femur through the acetabulum is a rather rare finding in the x-ray laboratory of average size. Probably a number of such patients die before they reach the hospital.

In this patient the disability was great, as a reduction could not be attempted and a stiff joint resulted.

CASE 5.—(Minor fracture of pubis with upward displacement of right innominate bone.)—Boy, age ten, riding on running board of truck, was knocked off and fell under wheel.

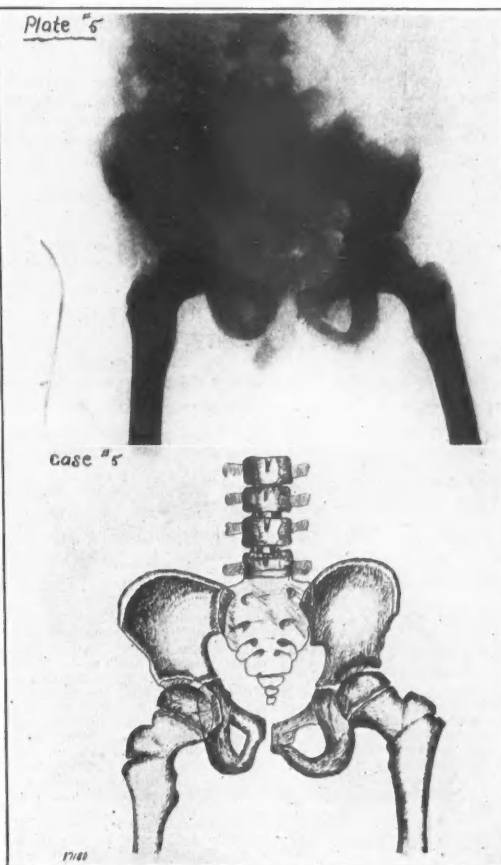


Fig. 5.—Shows minor fracture of pubis with upward displacement of right innominate bone.

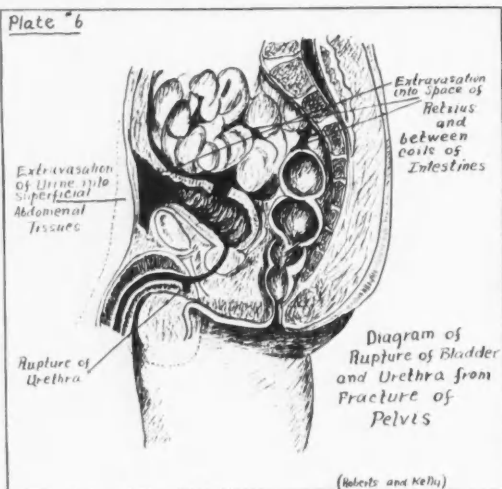


Fig. 6.—Longitudinal section through pelvis demonstrating direction of extravasation of urine from ruptured bladder or urethra.

This plate is copied from Roberts and Kelly's text on orthopedics and furnishes a clearer demonstration of the immediate effects of a ruptured bladder or urethra, these complications being highly important in cases of fracture of the pelvis.

Physical findings: Patient not unconscious, but in profound shock. Marked tenderness of abdomen and usual minor bruises about hips. No evidence of bladder injury. No intestinal rupture apparent. X-ray findings, as above.

This patient remained in the hospital seven weeks. Manual reduction was attempted under anesthesia without change in position of right innominate bone with relation to sacrum. Four months after accident there is apparently little or no disability.

207 Medical Arts Building.

THE LURE OF MEDICAL HISTORY

THE RISE OF EXPERIMENTAL EMBRYOLOGY*†

By A. W. MEYER, M. D.
Stanford University

VII

IT is illogical as well as impossible to isolate the story of experimental embryology, for it is inextricably interwoven with the rest of it. My reason for giving separate consideration to experimental investigation is not because I regard

* Author's Note.—Through an oversight John Hunter instead of William was credited with the authorship of the *Anatomia Uteri Humani Gravida* in the May installment of my essays. This is especially embarrassing because of John's remark about stuffing him with Latin and Greek. My sympathy has always been with him, and it seems highly probable to me that he really made the discovery regarding the utero-placental circulation, which is announced in the royal folio by William. In my enlarged manuscript I attempt to accord John recognition so long withheld him, for among other things embryological. John made an unequivocal statement of the law of recapitulation, usually attributed to Fritz Müller about half a century later.

† This is the seventh paper of a series of essays on this subject. Previous papers were printed in this journal as follows: Part I, in December California and Western Medicine, page 447; Part II, in January number, page 40; Part III, in February number, page 105; Part IV, in March number, page 176; Part V, in April number, page 241; Part VI, in May number, page 341.

such as more reliable or important than observation, but because a single experiment sometimes greatly and unexpectedly narrowed the horizon of futile speculation, and thus ended long-continued controversy or gave it new direction.

Even though the statement attributed to Pliny that the best results in the hatching of hen eggs are obtained after the eggs are ten days old is incorrect, it suggests that experiments upon these things had probably been made by that time. The same thing applies to the report of Diodorus (Siculus) that the Egyptians in the first century before Christ were using incubators, warmed by a fire, for the hatching of hen eggs. Since this could not well be done without observing the conditions concerned in incubation, it is more than likely that experiments in embryology were made in ancient Egypt as well, so that the history of experimental embryology probably extends farther back than that of morphologic embryology. Whether he wished it or not, even primitive man was often compelled by circumstances to undertake experiments. The method of trial and error is an old thing in the ascent of man. The evolution of tools and weapons alone illustrates this.

WORD "EXPERIMENT" AS HERE USED

In considering the early history of experimentation, I shall use the word "experiment" in a very general sense. I shall assume that anyone who put eggs under a hen or semen on an object carrier, however primitive, for the purpose of examining them from time to time was doing an experiment. I should take the same attitude regarding him who took reptilian eggs that he found in the sands of the seashore, in order to observe their incubation. Such a use of the word "experiment" also is in accord with that in the days of Redi and Spallanzani.

There undoubtedly were many who did experiments regarding whom the records were lost. Those who are familiar with Redi's work will recall that toward the end of his long letter to Carlo Dati, he wrote: "I tried a great many other experiments, and made many observations, but owing to carelessness, some pages on which I had inscribed them were mislaid." Réaumur, too, undoubtedly did many experiments of which I unfortunately have been unable to learn. We know that Harvey, Redi, Spallanzani, Réaumur, Malpighi, and many others of their day experimented in many fields of physics or nature, even if not predominantly along the line of embryology or what was then called generation.

Reference has already been made to the statement of a Hippocratic writer that if one desires to learn about the development of the chick one must put twenty-one eggs under a hen and remove one daily for examination. It may also be recalled that Aristotle suggested a flotation test for determining the fertility of semen. His idea was that if semen floated it had lost its fertilizing power and hence was sterile. The assertion of Aristotle that heat solidifies semen and that cold thins it also suggests that he may have experimented further in this connection, although Aristotle probably used the words "heat" and "cold" in a dif-

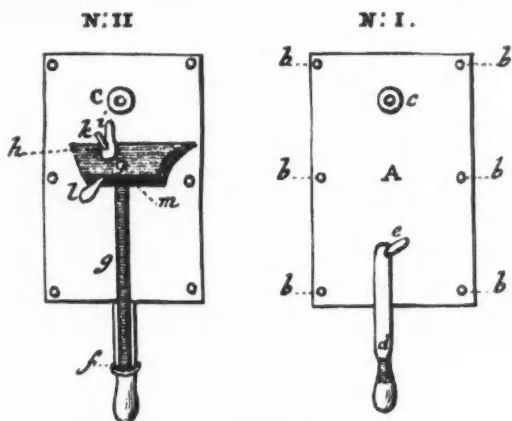


Fig. 1.—One of Leeuwenhoek's microscopes, actual size. (I) and (II), front and back respectively. (c) Lens, (g) adjusting screw, (h) stage, (i) rotating object carrier, (k) handle of same, (d) adjusting screw.

ferent sense. Such experiments as these well may have been sporadic, but the fact that they were undertaken, or even considered, suggests that many others may have been tried but were regarded as not being significant. The men of the past surely were not wholly without inclination to experimentation and they did not lack stimuli towards it.

VIEWS OF PARACELSUS

I know of nothing more unique in the whole history of embryology than the method for the alleged production of human beings given by Paracelsus. When referring to it in his very interesting treatise on the artificial changling, John Bulwer wrote:

"Paracelsus boasts that he had received this secret of secrets from God; affirming, that if the sperm of a man do putrifie in a sealed Gourd, to the highest putrification of horse-dung, forty daies, or so long untill it begin to live, and to move, and be stirred, which is easie to be seen, after that, it will be in some time like unto a man, yet pellucid and without a body: Now if afterwards it be daily, warily and prudently nourished, and fed with the secret of man's blood, and conserved for forty weeks in a perpetuall and equal heat of horse dung, it will thence become a true Infant, having members as those that are begot on women, but it will be far lease: Then it is diligently to be brought up untill it grow a stripling, and begin to understand and be wise. And this secret is known to the Nymphs of the Wood, and the Gyants which are sprung from thence; for, there are also great and miraculous men made, who are conquerors, and skillfull in secrets, because they are borne by Art, therefore Art prevails in them; for it is borne in them, but they are not taught of others, being called the sons of Woodmen and Nymphs, because in respect of their virtue they are not like men, but spirits.

"Campanella, though he confesseth experience had not as yet brought him to the understanding of this mystery, and therefore after some scanning of the matter doubts not of the effect, yet he dares not deny it: for where there is something like unto the wombe, and Intelligence, if it become a humane body, God denies not to enfuse a mind: but where God reveales not, he is silent; as for Paracelsus his conceit, that Gyants and Nymphs were artificially borne, that he saies is false; for the first ought to be borne without humane Art: and that they used Art to the Generation of men and not Nature seems irrational and false, unlesse the Intelligences, the Executrices of

Gods providence have used this Art in some Region; as God in the forming of Adam, which is uncertaine; besides, saies he, I think it false, that those that are gotten by Art are more prudent than those who are gotten the naturall way, and their Teachers, for Nature is wiser than Art, since Art is but her Disciple.

"Thus have we heard of the Pigmies of Paracelsus, that is his non-Adamitical men, or middle natures, betwixt Men and Spirits; wherein he hath gone some way to meet their wish who desire to propagate the world without conjunction with women. The ground of whose Vote is supposed to be, that they had sensibly observed in impotency or totall privation of that which Eunuchs by Nature have, prolongeth life, they living longest in every kind, that exercise it not at all, Castrated Animals in any kind, as well as Spado's by Art, living longer than they that retain their Virilities; for, the Generation of bodies (as one, once of this Sect said) is not effected, as some conceive of Soules, that is, by Irradiation, or unanswerable to the propagation of Light, without its proper diminution, but therein a proper transmission is made materially from some parts, and Ideally from every one, and the propagation of one in a strict acception, is some minoration of the other. *The Generation of one thing is the corruption of another*, although it be substantially true concerning the forme and matter, is also dispositively verified in the Efficient or Producer."

Although this assertion of Paracelsus may be regarded merely as a case of reversion to the symbolism of the older alchemists, his directions are so detailed and the entire statement is so clear that such an explanation does not appeal to me. Indeed, from the other things that Paracelsus says about putrefaction and its relation to the generation of life, it seems more likely that he accepted such an origin of homunculi as really proved. Since the belief in spontaneous generation survived the time of Harvey, this belief on the part of Paracelsus is no discredit to him, although his statement sounds rather daring.

HARVEY'S ATTITUDE TOWARD GENERATION

Although Willis declared that Harvey wrote his treatise on generation "in the harness of Aristotle" and "with the bit of Fabricius in his teeth," and Whitman stated that Harvey's conception of epigenesis and of *ex ovo omnia* was that of Aristotle, it seems to me that Harvey's attitude regarding generation may have been quite different after all. It is possible that Aristotle experimented more than the extant records show, but according to these he seldom resorted to it while Harvey often did so. Harvey apparently regarded things far more from a dynamic or functional viewpoint. This is shown by his investigations on the circulation of the blood and by his many experiments on reproduction in mammals. I have not been able to ascertain what materials he used or what mammals he worked with aside from deer, but there is no doubt that he made a serious attempt experimentally to determine the permeability of the uterus and tubes to sexual products. Since the injected masses which Harvey used did not pass into the cavity of the uterus or through the tubes, in animals which he supposed were non-pregnant, he naturally concluded that these organs are impervious to sperm and ova and that the conceptus arises *de novo* in the uterus through a mysterious influence of the sperm, akin to the

influence of the stars upon human destiny. This view was Aristotelian, to be sure.

It seems strange that Harvey, the corypheus of anatomy, as Bulwer called him, could not find the conceptus in the mammalian uterus until two months after mating, and had he had more faith in lenses he would probably have discovered the mammalian spermatozoön and the blood capillaries as well. It is true that his refusal to believe in the existence of lacteals, rediscovered by Asselli in 1622, suggests that he was not open to conviction on all things, but who among us is. Harvey may have been unfortunate also in the animals which he examined for lacteals, and the same thing may have been true of those in which he tried to inject the uterus and the tubes. Harvey may have assumed that the animals, probably deer, were nonpregnant while they may have been pregnant and the injected material hence have been prevented from penetrating into the lumina of the uterus and tubes. He also may have made vaginal injections only.

It seems unlikely to me that Harvey espoused the theory of epigenesis solely upon the basis of embryological experiments and investigation. It is more probable that he adopted it also because of his general attitude toward things biological, which was functional, as stated. To Harvey, as to Aristotle and Heraclitus, things were becoming and never at rest as they were to Permenides and Plato and to others long after that. Even that "abyss of learning," the great Haller, thought that there was no such thing as becoming.

It remains a puzzle why Harvey, to whose observations and experiments on the circulation of the blood the world owes so much, held so many strange ideas regarding generation. Cole suggests that he collected these ideas in the course of many years and did not revise the notes at the time when he seems to have been persuaded by Ent to publish them, and it is certain that if Harvey had resorted more to experiment in connection with generation, he would have found it necessary to reject many of the strange ideas that he entertained and suggested, some of which he himself characterized as fables.

The early existence of a belief in the spontaneous generation of insects and other animals need surprise no one who recalls that the nostrils and heads of living deer and sheep were long known to be infested with larvae and that ants, fish, birds, and so forth were infested both with internal and with external parasites. Mites of various kinds were generally supposed to arise in body filth as animalcules did in putrefying matter. Reference has already been made to the many experiments that Redi did with caterpillars, insects, and putrefying animal and vegetable matter to decide this question, and one cannot doubt him when he says at the beginning of the above-mentioned letter:

"Thus, having recently made many experiments especially in regard to the origin of those living creatures considered, to the present day, by all schools to have been generated by chance, that is spontaneously without parental seed, and being distrustful of myself

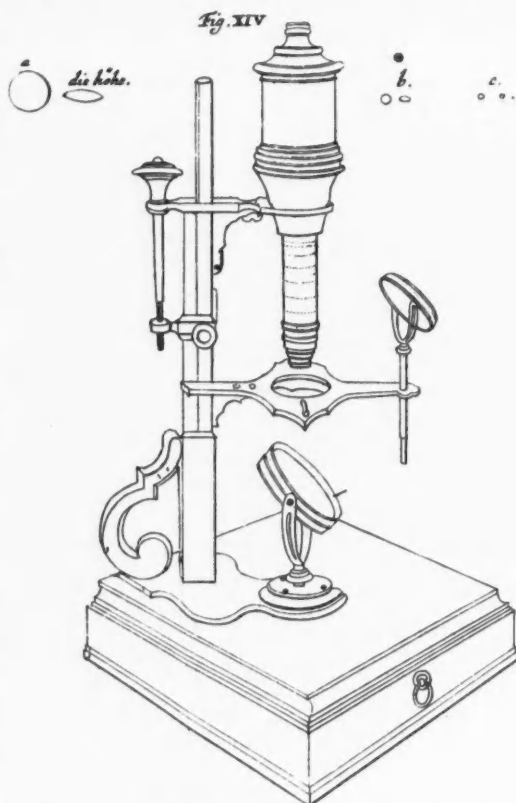


Fig. 2.—Buffon's microscope. (a) The Best lens, (b) Buffon's lens No. 4, (c) an English lens No. 0. The latter was used by Ledermüller and he says that it magnified eighty-six times as high as Buffon's lenses.

it occurred to me that I might have recourse to you, Signor Carlo, as you have graciously given me a place among your closest friends."

VIEWS OF REDI

One cannot read Redi without feeling the highest admiration for him because of his attitude and modesty and his appreciation of his predecessors, such as Harvey. He recorded his experiments in such detail and with such candor that no one need be in doubt regarding his results and he even suggested the repetition of them by others. Redi showed the same candor when speaking of some of the apocryphal things recorded by Father Kircher, although he exclaimed, regarding the latter's conception that dead flies give rise to living ones, "But, oh, how this 'single experiment must have delighted and elated those persons who fondly imagined that they could recreate man from man's dead body by means of fermentation, or other similar or still more extraordinary processes!" Redi refers to the "folly of the charlatan, Paracelsus, who, impiously, would have us believe that there is a way to create mannikins in the retorts of alchemists." He also refers to "Sir Kenelm Digby, who tried to prove the same by recreating crabs out of their own salts by chemical means." Paracelsus, to whom we owe much for his emphasis on chemicals and their use in medicine, very clearly was overimpressed by the ac-

complishments of the chemists; but he is not alone in this, for a chemist recently predicted that the chemistry of the cell would be simple and a contemporary physiologist declared that physiologists know quite well what life is!

By a series of careful experiments Redi proved that worms (larvae) do not arise out of the "dung" but from the eggs of flies, and he showed that this holds for many other insects as well. When considering the old belief that bees arise from the putrefying carcasses of bulls, he referred to Virgil's lines in which the latter declared that burial of the carcass was not a necessary condition, and then described his own experiments proving that insects do not arise from putrefaction, making many very interesting references to the older literature.

(To Be Continued)

CLINICAL NOTES AND CASE REPORTS

CONGENITAL HEART BLOCK

REPORT OF CASE

By W. A. Wood, M.D.

AND

HOBART ROGERS, M.D.

Oakland

PROVED instances of congenital heart block are sufficiently rare to attract more than passing interest. Yater,¹ in 1929, reviewed twenty-nine cases from the literature and added one additional report. His review does not include a case report by Nicolson, Schulman and Green,² which appeared shortly before his paper was published. Anderson,³ Brandenburg,⁴ Leech,⁵ Sclar,⁶ and Koenen⁷ have each subsequently reported cases. To these we shall add the following case.

REPORT OF CASE

History.—D. P., born October 15, 1929, was referred to us at the age of three months by Dr. E. B. Tiffany. Observation at that time showed anorexia, weight loss, grunting respiration, persistently slow pulse, and a heart murmur as outstanding symptoms and signs.

The father and two other children, age seven and twelve, were living and well. The mother was living and apparently well, but had had, about eighteen months prior to the birth of this patient, an acute rheumatic carditis with pericarditis. Her physician felt that this condition had not entirely subsided when she became pregnant. No instance of congenital malformations were known to have occurred in the family.

The pregnancy was normal except that the mother experienced more nausea, vomiting, and salivation than with her previous pregnancies. The delivery was not remarkable. The birth weight was eight and one-half pounds. Respiration was established without difficulty, and cyanosis was not present. The respiration was, however, noted from the first to have a peculiar grunting character.

Examination.—Examination revealed moderate under-nutrition (weight nine pounds ten ounces). There was no cyanosis. The heart rate was only 60. There was a blowing systolic murmur of moderate intensity, best



Fig. 1.—Photograph of D. P., age sixteen months. Note bulging of precordium.

heard over the lower sternum, well transmitted to the left axilla, and less well for a short distance to the right. In the fourth and fifth interspaces, just within the cardiac dullness, a short soft decrescendo murmur could be heard following the second sound. The pulmonary second sound was slightly accentuated. The liver was four centimeters below the costal border. The spleen was not palpable. Roentgenograms showed a rather large globular heart.

Electrocardiograms made at the age of three months and at the age of sixteen months both showed a complete heart block, with right ventricular preponderance. A blood count made at the age of ten months showed 4.9 million red cells and 76 per cent hemoglobin (Sahli).

Nutrition and growth have been approximately normal. The weight at sixteen months was twenty pounds and three ounces, and the length 30¼ inches. Whooping-cough at eight months was well borne. The slow pulse and grunting respiration have persisted. No cyanosis has developed. A definite bulging of the precordium has gradually taken place. There have been no syncopal attacks.

We feel that our patient has, in addition to his complete heart block, an interventricular septal defect. Despite these conditions, the prognosis is, we believe, relatively good.

COMMENT

These thirty-seven cases include sixteen males and nineteen females, the sex not having been mentioned in two instances. In twenty-eight cases the block was complete, and in eight cases it was partial or variable. In one patient (perhaps therefore questionable) no graphic records were obtained. Cyanosis was absent in twenty-three patients, slight in nine, and marked in five. Of the associated congenital defects, patency of the interventricular septum was most commonly found. There is an apparent correlation between the de-

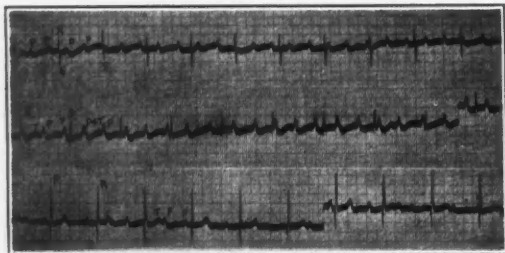


Fig. 2.—Electrocardiogram of D. P., age sixteen months, showing complete auriculoventricular dissociation, auricular rate 138, ventricular rate 58, in Lead II, with right ventricular preponderance.

gree of cyanosis present and the character and extent of the associated defects. The latter seem also to be determining factors in the prognosis. In three cases in which postmortem findings are available the condition has been found to be due to a developmental defect.² Prenatal endocarditis and myocarditis are also theoretically possible etiologic factors. The presence of rheumatic infection in the mother during her pregnancy thus adds interest to the case here presented.

400 Twenty-ninth Street.

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PROCAIN INFILTRATION ANESTHESIA

REPORT OF CASE

By MARTIN I. GREEN, M. D.
San Francisco

INFILTRATION anesthesia with procain hydrochlorid is generally so satisfactory and so free from objectionable reaction on the part of the patient that we are prone to lose sight of the possibility of intoxication occurring in the routine use of the drug in this manner. However, it is unfortunately true that even small doses of procain may cause serious or even fatal poisoning. It is probably true that in most of such patients, the anesthetic solution was introduced directly into the vein; but in some instances it is unlikely that this was true while in others, even if the injection were actually intravenous, the amount of the drug used was so small that the only reasonable explanation for the unfavorable reaction was an unusual susceptibility of the patient. Within the past few months, a case has occurred in our

hospital where it was possible to demonstrate idiosyncrasy to procain, existing to such a high degree that the employment of this anesthetic, even for minor surgery, would have been a dangerous procedure. The following brief report gives the essential features of the case.

REPORT OF CASE

Mrs. C. E. came to the clinic of Green's Eye Hospital on April 9, 1931, because of excessive lacrimation of the right eye, which had persisted over a number of years. Three years previously she had visited another clinic and was given a subcutaneous injection of procain solution (amount and strength unstated), following which she became unconscious and remained in this state for eighteen hours.

Examination showed that the lids of the right eye were normal, except that the canaliculus had been slit. No secretion could be expressed from the sac. The left eye was entirely negative.

Several drops of a solution of cocain hydrochlorid were instilled into the right cul-de-sac and an attempt made to irrigate the lacrimal sac. No solution passed through the lacrimal duct and regurgitation occurred through both puncti.

Because of past history, three minims of two per cent solution of procain hydrochlorid were injected intradermally to test her susceptibility. Almost immediately a general reaction occurred, manifested by pallor, breathlessness, rapid pulse, and finally syncope. Recovery took place in about thirty minutes, but the patient complained of being nervous and shaky for the ensuing week. Later an intradermal injection of a small amount of 1:1000 solution of epinephrin hydrochlorid did not cause any untoward reaction, so that an epinephrin reaction was eliminated.

To open the lacrimal passages, anesthesia was of course necessary. The history of previous violent reaction to procain and our own observation as to the effect of intradermal injection of a very minute amount of the anesthetic eliminated the possibility of using it in this case. Upon consulting a surgical colleague of large experience, the employment of nupercain was suggested; and subsequently the intradermal test with 1:1000 solution of this drug was carried out on the patient with entire absence of toxic reaction. Reassurance being gained by this test, the tissues surrounding the right tear duct were infiltrated with about two cubic centimeters of a 1:1000 solution of nupercain, containing approximately 0.03 milligram epinephrin hydrochlorid. With this most satisfactory anesthesia was secured, and with an entire absence of toxic manifestation.

This case is interesting as illustrating a sensitivity to procain and the possibility of employing a chemically unrelated substance for safe production of anesthesia. Keyes and McLellan (*American Journal of Surgery*, Vol. LX, No. 1, p. 1, July 1930) report two cases where reactions regularly occurred following the use of procain hydrochlorid for caudal block but where nupercain solution producing satisfactory anesthesia did not give rise to any unfavorable symptoms.

It is most definitely not our intention to advise the routine employment of nupercain for infiltration anesthesia in place of procain, for it is quite possible that there are more cases where sensitivity to nupercain and not to procain exists; but this, in our opinion, may be satisfactorily determined by the intracutaneous or subcutaneous injection of a small amount of dilute solution of the drugs in question.

1801 Bush Street.

BEDSIDE MEDICINE FOR BEDSIDE DOCTORS

An Open Forum for brief discussions of the workaday problems of the bedside doctor. Suggestions of subjects for discussion invited.

PRECORDIAL PAIN

WILLIAM H. LEAKE, M. D. (1930 Wilshire Boulevard, Los Angeles).—Precordial pain, from the medical standpoint, is of considerable importance as it becomes necessary to determine, in many instances, if the pain is a manifestation of grave cardiac disease or is a symptom of minor importance. Angina pectoris or Heberden's angina is a symptom complex which, when observed by the practitioner, is usually unmistakable. This condition may vary in degree from a simple sub-sternal tightness to an agonizing precordial pain, with radiation to the neck, arms, tips of fingers, and even more distant parts. It is usually accompanied by a feeling of impending death. The electrocardiogram may show no abnormal changes, and at autopsy the clinician is often puzzled by the lack of pathologic findings. It is now conceded by various investigators, however, that many of the hearts studied at autopsy reveal some degree of coronary disease. White states that this holds true in at least 95 per cent of the cases.

Coronary artery disease usually produces pain similar in location and radiation to that of angina pectoris, and the severity of the pain depends largely upon the rapidity with which the closure of the artery takes place. In coronary sclerosis, where the narrowing of the lumen is a gradual process, the pain occurs as a rule on exertion, accompanying emotional disturbances, or following dietary indiscretions. Coronary thrombosis, which practically always occurs in a vessel which has undergone sclerotic changes, may cause a most excruciating substernal pain which radiates to the neck, one or both arms, or to the epigastrium. Fever, leukocytosis, and a localized pericardial friction rub are observed often following coronary thrombosis. Patients with pain referred to the epigastrium or gall-bladder region have been subjected to operation because of the resemblance of the symptoms to an acute surgical condition of the abdomen. The electrocardiogram will usually reveal significant changes in the T wave, and disturbances in rhythm are observed frequently. The symptom complex known as angina pectoris is rarely associated with cardiac arrhythmia.

One must remember that aortitis, especially that of luetic origin, acute pericarditis, any form of organic heart disease with or without congestive failure, coarctation of the aorta, and overexertion of a normal heart may produce precordial pain which at times is extremely baffling to the clinician. Inflammatory conditions and neoplasms of the thoracic cavity are responsible occasionally for pain which may be confused with angina pectoris or coronary disease. Lack of space prevents a

more detailed enumeration of conditions which may bring about precordial pain, but a perusal of a paper by Roberts in a recent issue of *The American Heart Journal* will be extremely enlightening.

In this article the discussion has been confined chiefly to precordial pain in angina pectoris and coronary disease. No attempt has been made to take up in detail any of the other numerous causes of precordial pain.

The management of angina pectoris will not be discussed here, aside from stating that the pain of this symptom complex is usually relieved by nitroglycerin or amyl nitrite. Surgical treatment is of value in selected cases.

The pain of coronary disease responds surprisingly well to drugs of the xanthin group. These drugs are thought to act through vasodilatation of the coronary arteries, thereby increasing the heart's blood supply. On this basis, however, it is difficult to explain the disappearance of precordial pain in patients who later come to autopsy showing inflexible "pipe-stem" coronary arteries. Theophyllin (theocin), theophyllin ethyldiamin preparations (euphyllin, metaphyllin), theobromin calcium salicylate (theocalcin), theophyllin calcium salicylate, and theophyllin sodium acetate are the most useful drugs in this group. In the writer's experience the theophyllin preparations have been more effective than the theobromin group. If no improvement is noted in the course of a few days, their use should be discontinued. Theophyllin may be given in the dose of three grains combined with one-half grain of phenobarbital three times daily. The latter drug prevents excessive cerebral stimulation by theophyllin and acts as a mild general sedative. If gastric disturbance is present the theophyllin preparations may be administered rectally in cocoa butter suppositories. Theobromin calcium salicylate is apparently the most satisfactory of the theobromin group; the dose is seven and one-half to twenty grains three times a day, depending upon the response.

The pain of acute coronary thrombosis requires morphin in maximum amount. One-half grain as an initial dose may be required, and the same amount repeated within two or three hours is often necessary. Patients who suffer from this condition apparently have an increased tolerance for opium and its derivatives. It is unnecessary to add that digitalis, caffeine, and epinephrin should be administered freely if indicated. Should the patient survive the sudden occlusion of the artery, the use subsequently of drugs belonging to the xanthin

group will aid in relieving the precordial pain. Rest in bed for a minimum period of four weeks, preferably six, should be required of the patient in order to prevent rupture of the myocardial infarct. Each patient must be considered as an individual problem, and the use of stereotyped instructions is to be avoided.

* * *

WILLIAM J. KERR, M. D. (University of California Hospital, San Francisco).—Our ideas about cardiac pain are changing rapidly. There are many conditions which give pain in the region of the heart, and to the laity and to many practicing physicians the location of the pain in the region of the heart spells cardiac disease and disaster. There is no doubt in my mind that the pain in coronary occlusion originates in the heart or in the envelopes of the heart. Studies of Capps and his associates some years ago are interesting in that it is shown that pain may originate in certain portions of the pericardium, and we have known for a long time that pericarditis will give a very severe precordial pain. It is my feeling, although I have not been able to prove it by experimental study, that the pain in coronary occlusion is probably associated with the inflammatory process in the epicardium situated over an area of infarction, and that probably the heart muscle *per se* is not the seat of origin of pain stimuli. In those cases where coronary occlusion occurs without pain it is likely that the epicardium is not involved or is not involved at a place where sensory-nerve endings are to be found. We are all familiar with the pain which may occur in the region of the heart in abdominal conditions, especially when the left diaphragm is distended or when there are infectious diseases in the biliary tract, or in the presence of duodenal ulcer. If pain is intense enough it may be widely spread.

The previous discussants have mentioned the chief types of pain which may be confused with pain originating in the heart itself, but I should like to emphasize the importance of two types of pain which frequently lead to confusion. In coronary vascular disease it is not uncommon to find the pain referred to the epigastrium, suggesting to the physician that he is dealing with perforating ulcer, with cholelithiasis, or some other acute abdominal disorder. From time to time such patients are operated upon during the height of their symptoms from coronary occlusion. An examination of the heart at such times will usually show the changes in first heart sound and there will often be associated disturbances in rhythm. An electrocardiogram will in such cases be helpful because it will usually show evidences of disturbances in conduction in the ventricles and alterations in the deviation of the T waves. The other condition which may cause confusion is radiculitis associated with lesions of the spinal column or spinal cord. In the last two years approximately three-fourths of all the patients referred to me for a study of the cardiovascular system and treatment for angina pectoris have had radiculitis on the basis of

hypertrophic arthritis of the spine. I am making some special studies in this field at the present time and am not prepared to give a final answer, but I would like to suggest to other members of the profession that when they have patients who complain of pain simulating angina pectoris, they make it a point to examine these patients from time to time when, in many instances, it will be shown that the next time they have pain it will be perhaps in the right shoulder, in the neck with some stiffness, or in the region of the sciatic distribution. Obviously, then, the burden of proof would fall on those who would make a diagnosis of angina pectoris in such a case. Since we have hypertrophic arthritis of the spine and degenerative cardiovascular disease in the same age period, it is difficult sometimes to make the differential diagnosis.

* * *

PHILIP KING BROWN, M. D. (Southern Pacific Hospital, San Francisco).—Beginning with Heberden's description of what has been known since as angina pectoris, down to the separation by Herrick of a group of cases due to coronary thrombosis, and the division of angina into various groups by Mackenzie, there has been a controversy as to just what should be called angina pectoris. Kilgore contributed to the discussion by an article on heart pain, taking Mackenzie's position that a great deal of it was referred pain or a functional neurosis.

Beginning with the operative work on the cervical sympathetic in 1923 by Dr. Walter B. Coffey and the writer, we have taken great pains to distinguish between what we regard as a primary or essential angina pectoris of the Heberden's type, the attacks being extremely severe and accompanied by the sensation of impending death, produced by effort and abated by nitroglycerin, and attacks often quite as severe and possessing all of Heberden's characteristics, not always produced by effort but associated with disease in other parts of the distribution of the pneumogastric nerve and relieved entirely by the cure of the primary exciting cause. Doctor Coffey took the position in the early period of our study of this condition, which might wisely be followed by others who have done the operation, that he would deal surgically with no case until the medical man was convinced that nothing else could be done to relieve the condition. In the Southern Pacific Hospital at San Francisco there has been a distinct rivalry between the medical and surgical services in the interests of efficiency, and very thorough investigations have been made of all cases of precordial pain.

Attacks were relieved in one case of a woman seventy-five years of age by the removal of the gall-bladder with several hundred uniform size small stones. I doubt whether she ever passed a stone, but I am convinced that her typically anginal attacks were precipitated by conditions that held in her gall-bladder. She has never had an attack since it was removed four years ago. That she is potentially a case of angina pectoris I do not doubt, and that she may have a recurrence

of her attacks is not improbable, but her margin of safety was certainly enormously widened by removal of the gall-bladder.

A man of fifty-five years of age had a coronary thrombosis with pericarditis and effort angina. He was in the hospital three times in two years and never was able to do any work in this interval. On his fourth entry he was practically incapacitated. A study of this patient by Dr. Bernard Kaufman of the cardiologist department convinced him that the apical adhesions consequent upon the coronary thrombosis and the fixation of the heart bore some relation to the attacks. That he was right was evidenced by the fact that a left phrenicectomy, raising the diaphragm, relieved the patient entirely and he has been back at work over a year. Two cases of persistent duodenal ulcer have had gastroenterostomies with a very marked improvement in the number and severity of attacks where no improvement had taken place before. In both, sympathectomy had to be done before attacks ceased.

The writer is decidedly of the opinion that too much can be expected of the correction of obviously disturbing conditions which seem to bear upon the precordial pain and we have been doomed to disappointment a great many times. The fact remains, however, that angina pectoris occurs with and without coronary disease and is particularly associated with certain individuals, no matter what the coronary condition, while it may be entirely absent in others with very disturbing coronary disease. This symptom complex must be dependent in all cases having actual coronary disease upon some exciting condition not as yet made clear. It seems possible to lessen the likelihood of attacks by improving the general condition through removal of all sources of infection and irritation, especially in parts supplied by the sympathetic. In no case is this more marked than where the anginal attacks are made more frequent in people addicted to the use of tobacco or who have diabetes, where these attacks practically disappear with the correction of the intoxication.

Finally, after a reasonable trial of the correction of all these conditions associated with severe attacks, we published our experience showing that the left superior cervical sympathectomy affords the only sure relief. There is only one type of heart pain simulating angina that we feel should be ruled out and that is, the pain that arises from an involvement of the vertebral nerves in the upper dorsal segment in osteoarthritis of the spine. We have had several cases referred to us relieved entirely by improving the circulation of this part by physiotherapy and braces or by alcohol injection of the vertebral nerves.

Social Insurance.—One of the very first questions that naturally arises is: Have any of our governmental agencies so conducted themselves in the past as to make it reasonably safe for us to entrust so stupendous a function as universal social insurance to any branch or department? I maintain that most of our local as well as state governments are inefficient or corrupt, and some are both.

Let anyone who doubts the correctness of this statement spend a little time to look around with a critical eye and observe how most local governments, the various departments of the state in which he lives, and the departments of the federal government are conducted, and I am convinced that he will find more inefficiency than he has ever dreamed could exist. If he does not personally know of corruption and inefficiency in government, let him but scan one single daily newspaper regularly for a month in order to be convinced. And what else can one expect who is at all familiar with politics as it has been played and managed in these United States in the year 1931—the manner in which most men secure their nominations and later their elections, and to whom they are beholden when they take office?

We have all seen the statement repeatedly in the public press, but have never seen it successfully refuted, that in many of the political subdivisions of our country only 60 per cent of the taxes collected are effectively spent, and the remainder being frittered away, wasted or stolen. This inefficiency and corruption is due to many causes, of which some of the more important are:

The fact that so far no formula has been discovered according to which the most efficient, honest, industrious, and worthy members of the community can be secured for public office. Nor has there been any method devised whereby spoils, politics, favoritism, pull, nepotism, waste, and graft can be eliminated with even a reasonable degree of certainty. The individual who could solve these two problems would not only be the greatest benefactor of the human race, but the wisest man the world has so far produced. Plato tried to solve this problem twenty-three centuries ago when he wrote his Republic. For a time he actually thought he had found a solution. He prevailed upon the King of Syracuse to adopt his plan and put it into operation. The king tried it for a while, tired of it, and sold Plato into slavery. Some good friends ransomed him. After that he was not so sure that his scheme would work in practice. Things are not much different today from what they were in the time of Plato, only worse—worse, because of the increase in population resulting in larger governmental units, the enormous increase in the number of those exercising the franchise, the increase in the percentage number of ignorant voters, and the ever-increasing astuteness and finesse of our practical politicians.

Inefficiency and corruption is so common that we have become callous to it. We are annoyed by it, we grumble and complain mildly about it; we pay our ever-mounting taxes if we have anything with which to pay, and "let it go at that." It almost seems as though we humans had adopted David Harum's dog philosophy and were applying it to ourselves. He said: "A certain amount of fleas is good for a dog. It keeps him from brooding on being a dog."

The best illustration of governmental muddling in general is to be found in the mess most governments of the world have made of themselves during the past twenty years. As examples, we need but call attention to the virtual bankruptcy of Germany and of Austria, the maladministration in Russia, the revolutions in Spain, China, Central and South America, the dictatorships in Poland and Italy, and when we come nearer home, the lawlessness in the United States, with its murders and kidnapping for ransom; conditions in the city of New York as disclosed by the Seabury investigation; the virtual bankruptcy of Chicago and Philadelphia, and the near bankruptcy of many other governmental units.

Let us study conditions in our own country a little more in detail in order to determine whether it would be wise or even safe to entrust the federal, state and local government, or any one of them, with supervision over the private lives of its citizens.—By Dr. Edward H. Ochsner, *Maine Medical Journal*, February, 1932.

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EDITOR GEORGE H. KRESS
 Associate Editor for California EMMA W. POPE
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 Associate Editor for Utah J. U. GIESY

Advertising Representative for Northern California L. J. FLYNN, 544 Market Street, San Francisco

Advertising Representative for Southern California A. A. BUTTERWORTH, 223 E. Fourth Street, Los Angeles

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EDITORIALS*

1931-1932 C. M. A. PRESIDENTS AND PRESIDENT-ELECT—DR. JUNIUS B. HARRIS,
 DR. JOSEPH M. KING, AND DR.
 GEORGE G. REINLE

Retiring President Harris Continues to Serve as Public Policy Chairman.—When he laid down the gavel as president at Pasadena, Dr. Junius B. Harris of Sacramento also transferred his responsibilities as head of the California Medical Association. The House of Delegates continued him in service, however, as one of the councilors-at-large, and the Council retained him as chairman of the Committee on Public Policy and Legislation. He will therefore continue to serve the Association as in the past. Elsewhere in this column have been expressed some words of appreciation of the services which have been rendered by Doctor Harris.

* * *

Doctor Joseph M. King of Los Angeles Takes Over the Responsibilities of the Presidency.—The fellow member who assumed office at Pasadena as the new head of the California Medical Association is Dr. Joseph M. King of Los Angeles. The House of Delegates at Pasadena was con-

* Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Medicine Today column, which follows.

fronted with a request from Doctor King in which he asked that he be relieved of the responsibility of assuming the office of president. Doctor King made this request because of the condition of his health, he feeling that he might not be able to discharge his official duties in such manner as to measure up to the standards he felt should be maintained. His request was not granted by the House of Delegates, because as was well expressed by speakers who rose to speak on the question, the presidency had not been conferred upon Doctor King so much for what work he might do in the future, but rather as a recognition of services rendered the profession over a long period of past years. It is gratifying to know that in response to the expression of sentiments there expressed, that Doctor King consented to take over the duties of the presidential office. His friends and colleagues know that he will not be laggard and have fullest faith that his year as president will mark continued progress in the Association.

* * *

Dr. George G. Reinle of Oakland Is the New President-Elect.—And now for the heir-apparent, whom the members of the California Medical Association at large meet in the person of Dr. George G. Reinle of Oakland. In making its decision to elect Dr. George G. Reinle to the office of president-elect, the House of Delegates selected a colleague who for years has been actively identified with state association organization work, and who in Alameda County has particularly made for himself a warm place of high regard. The Alameda County Medical Society has at all times been an alert and progressive county medical unit in the California Medical Association and this elevation of one of its most beloved sons to become the head of the California Medical Association is a deserved recognition both of the Alameda County Society and of Doctor Reinle. He is cordially welcomed as he assumes his new office.

CALIFORNIA MEDICAL ASSOCIATION ANNUAL SESSION

Pasadena's First Annual Session Was a Success.—The 1932 Annual Session has come and gone. In the future it probably will be referred to more often as the Pasadena than as the 1932 annual session. Such a designation will not be confusing because this was the first annual session ever held in Pasadena by the California Medical Association. It was notable as having had the largest registration of any California Medical Association annual session thus far convened. It will be remembered also for the excellence, not only of the scientific but of the entertainment features. The appealing program of entertainment, which as in the last several years was arranged for the afternoons and evenings to avoid conflict with scientific section activities, was the work of the local committee and of the Pasadena Branch of the Los Angeles County Medical Association. Splendid coöperation was rendered by the

Woman's Auxiliary of the Los Angeles County Medical Association and special credit is due the Auxiliary officers and members for the efficient manner in which their part of the entertainment program was handled. While there may be some who would have annual session proceedings devoted almost entirely to serious consideration of scientific matters, it must be apparent to all that an annual session renders a greater service to the medical profession and to the lay public, when there is in evidence a happy mixture of scientific, business and social activities. Good fellowship and better understanding and acquaintance of physicians from all parts of California, one with another, do not detract from the scientific work of annual sessions. On the contrary these make that work the more attractive and beneficial. In Pasadena, on May 2nd to 5th, these facts were again proved.

Our Pasadena hosts were themselves so enraptured by the pleasure of officially greeting the medical profession of California that they forthwith sent a delegation to the New Orleans session of the American Medical Association with an invitation to the American Medical Association to meet in Pasadena in 1934. From reports that have come to the editor, there are indications that such an invitation will be accepted by the authorities of the American Medical Association. Pasadena has an excellent civic auditorium with many nearby churches for scientific section meetings and with large hotels in close proximity. Transportation facilities to Los Angeles are also excellent. If the American Medical Association comes to Pasadena, it will be a unique experience in demonstrating how the meeting place and entertainment facilities of a comparatively small city can measure up to those of the metropolitan centers in which the American Medical Association has met in recent years. The California Medical Association will be glad to cooperate with the physicians of Pasadena and Los Angeles County if the American Medical Association should decide to meet in Pasadena in 1934.

* * *

Reports of California Medical Association Officers and Committees.—The reports of the officers and committees as presented in the "Pre-Convention Bulletin," which publication is particularly designed for the use of members of the House of Delegates, are reprinted in this number of CALIFORNIA AND WESTERN MEDICINE for the information of the entire membership of the California Medical Association. (See page 424.)

These reports record a year of progress but indicate also the magnitude and importance of some of the economic and administrative problems which confront the California Medical Association. It would aid greatly if most of the California Medical Association members would take the time to glance through these reports, for thereby a better understanding would result among members from one end of the state to the other, on the nature of some of the major problems

which the Association now has under consideration. If we all do our bit in studying these matters there will be greater assurance of better plans of procedure in solving our problems, and of greater cooperation in carrying through such policies as for the time being, may be deemed best for the interests of all concerned.

* * *

The Report of the Committee on Public Policy and Legislation.—Attention is particularly called to the report of the Committee on Public Policy and Legislation in which are enumerated the long lists of senate and assembly bills presented at the last session of the California Legislature. The perusal of those lists at once indicates how heavy is the burden that rests on those whose duty it is on behalf of the Association to carefully watch proposed legislation in its course through the California Assembly and Senate. (See page 434.)

It is probably true that only a small number of California Medical Association members appreciate the increased work which is thrown upon the officers of the Association when our state legislature is in session. But all members of the Association should realize how much damage could be done to the interests of the medical profession and of the public health from obnoxious legislation. If such understanding were more in evidence, then greater and more active interest would be displayed by component county medical units and the members thereof in the primary election run-offs of the candidates for the California Assembly and Senate. This fall such a state election will be held. It is not too early for officers of county medical societies to meet and make plans to learn what are the qualifications and backgrounds of candidates who will seek positions in the next legislature. It stands to reason that if we are indifferent to such candidates when they are aspirants for office, then those of such who are successful and who have received the support of interests antagonistic to the best public health interests, will not only feel that they are not obligated to be gracious to our profession and what it represents, but may be found in the camps in which vicious and malign plans are directed against scientific medicine. Without engaging in sordid politics, members of the medical profession should take a real, and if possible, an active interest in civil politics—at least as regard the state legislature, since that is the body that can most easily endanger proper public health standards, and all that is meant thereby.

* * *

The Status of a Qualifying Certificate Law for California.—The attention of California Medical Association members is also directed to the comments concerning the desirability of a "Qualifying Certificate Law." (See page 439.)

Unfortunately, such a law to be really effective in California should be enacted by initiative vote of the people. To place such an initiative petition on the November California ballot would require more than ninety thousand signatures, and the estimated cost of securing such a number of

authenticated signatures would require a sum of about one hundred and ten thousand dollars. To raise such a sum in days like the present is quite out of the question. The project of a Qualifying Certificate Act, therefore, must lie over for future decision. It will be interesting to note what new cults will propose examining boards and licensure through proposed laws which will be submitted to the California Legislature, which will convene in January, 1933. It will be strange indeed if a several of such are not brought to the front.

* * *

The Address of Retiring President Harris.—In last month's CALIFORNIA AND WESTERN MEDICINE was printed the address of the retiring president, Dr. Junius B. Harris of Sacramento. That address was received just as the May CALIFORNIA AND WESTERN MEDICINE was about to go to press, and for that reason it was not possible to comment thereon in this column.

The title of Doctor Harris' address was "Activities of the California Medical Association During 1931." One might justly think that his address should be read by every member of the California Medical Association because it not only shows what has been accomplished by the California Medical Association, but because it also reflects in good part somewhat of the special work done by a colleague who for years has given of himself generously and without stint to do all that was humanly possible in the legislative and executive halls at Sacramento to safeguard the interests of the public health and the medical profession. Doctor Harris' splendid and efficient service in these matters, given by him out of love of our profession and at the sacrifice of personal interests, entitles him to the kindly regard of all members of the California Medical Association. It is hoped that California Medical Association members will take the small amount of time to read Doctor Harris' comments on the activities of our State Association. The time so given for such perusal is as nothing compared to that which he has given to our interests, on occasions without number. His is a message of importance and we should all be acquainted with its purport. You are urged to read it if you have not already done so.

In passing, attention may be called to the paragraphs in Doctor Harris' address dealing with medical legislation wherein he outlines the approach and attitude of physicians in civic affairs. It may be of interest to California Medical Association members to know that at the May New Orleans session of the American Medical Association one committee report was brought in, in which was advocated or implied a quite different approach in political matters. Doctor Harris as the titular head of the California delegation in the American Medical Association House of Delegates, and with the support of his fellows, opened the discussion on that issue and as a result the debatable policies included in the report, were, by vote of the A. M. A. House of Delegates, deleted therefrom.

Next Annual Session to Be Held at Del Monte. In bringing these comments on the Pasadena annual session to a close, mention should be made of the place of the next annual meeting.

The Council recommended, and the House of Delegates confirmed the selection of the Hotel Del Monte, in Monterey County, as the place for the 1933 annual session. Past sessions at the Hotel Del Monte have always been most successful. Why not make a mental resolve now that you will more than try to be in attendance when the California Medical Association meets on April 24-27, 1933, at the Hotel Del Monte? Few places in California are more attractive than the Monterey district, and the facilities for both scientific meetings and out-of-door enjoyments are excellent. Attendance will be much worth while.

COMMENT ON THIS AND THAT

This Year's California Medical Association Clinical and Research Prize Awards.—The Pasadena report of the Committee on the California Medical Association Clinical and Research Prizes will be found on page 439.

It will be noted that the number of papers entered in the contest this year was twelve, a considerable increase over the figures of previous years. It is to be hoped that the annual session of 1933 will see as large or an even larger number of papers submitted for the two prizes of one hundred and fifty dollars each, which the California Medical Association each year offers to its members. In addition to the cash prizes, the two successful contestants receive engrossed and framed certificates of award.

CALIFORNIA AND WESTERN MEDICINE joins the Committee on Clinical and Research Prizes in urging members who can do so, to submit papers for consideration in 1933. Papers can be read at a section meeting and still be entered for the prize contests, all entries in such form being held as confidential. Only the names of successful contestants are given publicity.

Members of the Association are urged to enter papers for these prizes. To the successful contestant there is a special pleasure in the fortunate result and the money stipend and the certificate of award. But the big reward is shared by each contestant who, in working up his research or clinical study, gives himself the benefit of the keen mental effort and training which must be used in outlining and developing such a paper. Appeal is especially made to younger members of the profession on our hospital and medical college staffs to give consideration to these prizes. The Association has committed itself to the plan of such annual prizes. It would be a happy consummation if each year witnessed an increasing interest in these two prizes, one for studies on a research topic, and the other for investigations on a clinical problem. In the official notices of the California Medical Association column of this number of CALIFORNIA AND WESTERN MEDICINE will be found the rules regarding prizes. (See page 460.)

Of the twelve papers submitted this year, the selections of the Committee on Prizes as reported by Dr. George Dock were as follows.

The Research Prize:

Awarded to Dr. Harold L. Thompson of Los Angeles, who under the nom de plume of "I. Guthrie Bayard" submitted a paper having the title, "Resection of the Pylorus." This paper is printed in this number of CALIFORNIA AND WESTERN MEDICINE, page 383.

The Clinical Prize:

Awarded to Doctors Norman J. Kilbourne and Charles J. Murray, both of Los Angeles, who under the nom de plume "Epictetus" submitted a paper having the title, "Researches in New Solutions for the Injection Treatment of Hydrocele-Results as Compared with Operation." This paper will be printed in the July CALIFORNIA AND WESTERN MEDICINE.

* * *

Doctor Pope Resigns as Associate Editor.—In the minutes of the last meeting of the Council held at Pasadena (see page 457) are recorded some resolutions of appreciation for the services rendered by Dr. Emma W. Pope, who requested to be relieved of the duties of associate editor of CALIFORNIA AND WESTERN MEDICINE. Doctor Pope assumed the position of co-editor with the present editor when the death of the late Dr. William E. Musgrave on March 9, 1927, necessitated a new editorial staff. The resolutions of appreciation presented in the Council were unanimously adopted. In conformity with the policy of CALIFORNIA AND WESTERN MEDICINE to have an associate editor to represent each of the constituent state associations affiliated with CALIFORNIA AND WESTERN MEDICINE, Doctor Pope, as secretary-treasurer of the California Medical Association, will continue on the editorial staff as associate editor for California. The editor here wishes to express his personal appreciation of the cooperation which has been given him by Doctor Pope in the editorial work of the last several years.

* * *

California Medical Association Resolutions Presented to the American Medical Association.—At the New Orleans meeting of the American Medical Association, the California delegates submitted three resolutions to the A. M. A. House of Delegates, as follows:

One resolution requested the Board of Trustees to make a special investigation of the Cuban health societies. The February 1932 number of CALIFORNIA AND WESTERN MEDICINE, page 116, gave a discussion of those societies, and suggested the need of accurate information in regard thereto which could be submitted to the constituent state medical associations of the American Medical Association. We understand that the matter was referred to the American Medical Association Bureau of Economics. We can think of no legitimate reason why the necessary funds should not be allocated to permit a comprehensive study of

the significance of these Cuban health societies, so that a report may be made thereon to the American Medical Association and its constituent state associations at or before the next annual session of the A. M. A.

* * *

A second resolution suggested to the House of Delegates the desirability of having the American Medical Association bring out in volume form each year the reports which appear from week to week in the medico-legal column of the *Journal of the American Medical Association*. The purpose of that resolution was to provide this information, which could be so valuable to the medico-legal bureaus of constituent state medical associations, in the form of volumes with proper indexes and cross references, so that the contents could be more readily available to the legal representatives of constituent state associations. Under the existing system the information is gathered and properly compiled, but can hardly be said to be easily available to those to whom it could be of great service. A small additional appropriation by the A. M. A. Board of Trustees would increase many times the value of this activity of its Medico-Legal Bureau.

* * *

A third California resolution was presented to the Council of the California Medical Association by the C. M. A. Section on Pediatrics. Request was made therein that the A. M. A. Section on Pediatrics, the American Association of Medical Milk Commissions and the Certified Milk Producers' Association of America be requested "to oppose the certification of soft curd milk, and of milk containing added vitamin or mineral content."

The purpose of the resolution was to prevent improper exploitation of such types of certified milk at this time. For up to the present, many physicians believe that the value of such soft curd milk, and of milk with added vitamin or mineral content has not been sufficiently demonstrated. Premature newspaper publicity by certified dairies producing and selling such special certified milk could work great harm to certified milk if later investigation proved statements made at the present time, to have not had sufficient warrant in fact.

New Concentrate of Liver for Use in Pernicious Anemia.—An important advancement in the treatment of pernicious anemia has been announced by Dr. William P. Murphy, of the Harvard Medical School, who has applied his treatment successfully at the Peter Bent Brigham Hospital in Boston. The solution developed by Dr. Murphy is seventeen times as powerful as liver and more than seven times as concentrated as any liver concentrate now available. The solution, a highly concentrated liver extract, often produces marked improvement within from thirty-six to forty-eight hours after the first injection, and two to three injections may produce recovery. The solution is injected into the muscles and injections are necessary only at intervals of one to three or more weeks. Another important advantage of the newer treatment developed by Dr. Murphy is the reduction of the cost to the patient of from forty to eighty per cent. Dr. Murphy believes that this new solution may be beneficial in the treatment of other blood diseases.—*Journal of the American Medical Association*, March 26, 1932.

MEDICINE TODAY

This department of California and Western Medicine presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to every member of the California, Nevada and Utah Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

Australian Versus American Poliomyelitis.—All who have worked with poliomyelitis are agreed that monkeys convalescent from a single intracerebral inoculation with the living virus are almost absolutely immune to reinfection, regardless of the source or virulence of the test material. This general experience has led to the assumption that, while different outbreaks of this disease admittedly vary in severity and symptomatology, they are all caused by a virus of the same antigenicity or immunochemical specificity. Current attempts at specific therapy are largely based on this assumption. That this assumption is premature is indicated by recent studies by Doctors Burnet and Macnamara of Melbourne, Australia.* These investigators studied a local virus isolated by them from a fatal case with typical symptomatology and autopsy findings. They allege that intracerebral inoculation of monkeys with this virus gives the classical picture of an almost absolute immunity against the homologous strain, but no appreciable immunity against the usual strain studied by American investigators. Confirming this result, they allege that absolute immunity to the American strain is accompanied by no appreciable increase in resistance against the Australian virus.

If these alleged results are confirmed, poliomyelitis must be regarded by future clinicians not as a specific infection, but as a symptom complex. Preliminary determination of specificity must precede specific therapy.

Stanford University.

W. H. MANWARING,
Palo Alto.

Bacteriophage in Pyodermic Skin Lesions. One of the most fascinating immunologic principles recently introduced in therapeutics is the bacteriophage, or as commonly called, "phage." Briefly stated the salient facts known about the phage are: The phage is a phenomenon, discovered by Herelle, of the lysis of bacteria by an infravisible agent of unknown nature, regenerating and multiplying at the expense of the bacteria dissolved under its action. The precise nature of it, whether it is a living virus or ferment is unknown. The most common source of the phage is a sewage which contains a rich mixture of phages. The theoretical advantage of the phage is that it seems entirely harmless to the patient. So far phages have been isolated for the colon, typhoid, dysentery and diphtheria groups and for staphylococci, but not yet for streptococci.

The technique of phage therapy in pyodermic skin lesions consists in hypodermic injections in

and about the lesions and in local applications to the lesions. The phage should be tested for lysis on the cultures obtained from the skin lesions. There are three types of reactions that are observed:

1. A local reaction at the site of the injection (redness, pain, and edema);
2. A local reaction at the site of the skin lesion;
3. A systemic reaction.

Phage therapy has naturally attracted the attention of clinicians in various specialties. The clinical reports of the use of the phage in isolated dermatologic cases have been published by Alderson and Crutchfield. Recently a clinical report of the use of the phage in a series of one hundred and eight pyogenic skin lesions was made by Cipollaro* of New York. The series consisted of sixty-seven cases of furunculosis, all of which responded well to phage treatment, five cases of carbuncles which also responded well, and twenty-eight cases of sycosis vulgaris of which only seven failed to improve. The cases of acne vulgaris have failed to show any improvements, thus differing in results from those reported by Alderson in cystic acne.

In spite of the unusual attractiveness of the premises on which the rationale of the phage therapy is based, there are at least two factors which militate against the clinical popularity of the phage therapy. The first are the technical difficulties in obtaining it and a high degree of bacteriologic competence necessary for its making and testing. The second is that, for reasons unknown at present, different strains of the phage vary greatly in lysing power; this may account for the variability of the results at the hands of different observers.

The safe criterion and guide in the evaluation of the therapeutic efficiency of the phage in pyodermata would be its comparison with the older established methods of treatment. Viewed from this angle the therapeutic value of the phage in pyodermata must be somewhat discounted due to the fact that pyodermata, as a clinical group, do not present great therapeutic difficulties.

Superficial pyodermata react promptly to a large number of antiseptic applications including aniline dyes. Ultra-violet light offers an important supplementary agency, both local, bactericidal and in raising systemic resistance, and immunity.

The deeper infiltrating pyodermata such as furuncles, carbuncles, ecthyma, erysipelas, and pyogenic lymphadenitis respond well to dry heat poultices, carbon light, x-ray, vaccines, and cold surgery.

* Burnet, F. M., and Macnamara, J.: Immunological Differences Between Strains of Poliomyelitis Virus, *Brit. J. Exper. Path.*, 12:56 (April), 1931.

* Cipollaro, C., and Sheplar, A.: Therapeutic Uses of Bacteriophage in the Pyodermias, *Arch. Dermat. and Syph.*, 25:280, 1932.

In view of this the therapeutic showing of the 'phage in pyodermata at present is not definitely conclusive nor striking. At the best it is an additional therapeutic agency of great promise and potential value, but not yet certain of the positive results. Yet the 'phage offers an irresistible immunologic appeal based on an attractive hypothesis of fighting bacteria with bacteria.

This fascinating psychologic background will undoubtedly prompt many investigators and clinicians to attempt new laboratory and clinical studies until its full immunologic and therapeutic value will be established. In the meantime it is to be hoped that the further improvement and simplification in technique will bring 'phage therapy to the level of the clinical procedure within reach and competence of an average practitioner.

1930 Wilshire Boulevard.

MOSES SCHOLTZ,
Los Angeles.

Note on Hemoglobin Formation and the Iron Reserve.*—The recent work of many investigators (Hart, Elvehjem, Beard, Myers, Williamson, etc.) has demonstrated the value of "food iron" in building up hemoglobin during and after nutritional anemia. It has also been shown that other elements are important in facilitating or "catalyzing" the process whereby the iron is utilized. Of these other elements, copper is probably the most efficacious. In fact, the effectiveness of liver extract must be referred to its high copper as well as high iron content.

It has also long been known that there exists in the liver and spleen of mammals considerable iron, presumably the residue of hemoglobin breakdown. According to the classical conception, the hemoglobin in the worn-out corpuscles is split into heme and globin. The latter passes into the blood stream and the former undergoes a decomposition which results in the storage of the iron moiety while the balance of the molecule is discharged from the liver in the form of bile pigments. The iron then forms a reserve capable of use in regenerating the lost hemoglobin, a reserve which may be seriously depleted should a condition of anemia occur in the animal. There are, therefore, two possible sources of iron in recovery from anemia, the fresh supply in the food, and the reserve in the liver and spleen. Since it is established beyond doubt that copper facilitates the utilization of the food iron, the question arises whether it also assists in the utilization of the reserve iron.

Experiments already reported from this laboratory contribute to the answer to this question (Cook and Spilles, 1931). Rats were fed varying proportions of copper and iron, and the effect of such diets on the splenic iron determined. When the food iron is deficient it would be expected that the reserve in the spleen would be drawn on

extensively and therefore, after a few weeks, would be relatively low. Such is indeed the case. But when considerable copper is fed to the animals in conjunction with very little iron, the iron content of the spleen is much less than it is when copper is absent from the diet. Furthermore, when the copper is absent, the addition of large quantities of iron do not appreciably increase the splenic iron, but, on the other hand, when the dietary copper is high the addition of iron in the food is correlated with a large increase of iron in the spleen.

A possible interpretation of these results is as follows. Copper facilitates the transformation of splenic iron into a form which can be used in building new hemoglobin, thus making more available than otherwise the splenic iron reserve. This possibility is indicated by the greater withdrawal of the reserve when copper is high but iron is low in the diet. Under such adverse conditions the iron reserve is the sole remaining source of the metal for hemoglobin regeneration.

We know that copper, likewise, facilitates the utilization of food iron. Therefore as the food iron is increased from a low level in the presence of an adequate supply of copper, it comes to constitute the primary source for hemoglobin manufacture and the necessity for drawing on the splenic iron reserve disappears. But at the same time blood destruction is proceeding with a consequent continuous accumulation of iron in the spleen. Thus the needs of the animal are supplied from the food and the reserve is allowed to increase indefinitely.

Apropos of these considerations, it is worth while stressing two features of the situation, not because they are new but because they deserve emphasis beyond that which they have received in current discussion.

1. Copper (and probably other metals as well) facilitates the utilization of *both* dietary and stored iron, and it is possible that the same mechanism, as yet undiscovered, is operative in both cases.

2. Assuming adequate copper (or other metals) in the diet, there is a delicate balance between the two sources of iron supply, depending upon the quantity of iron present in each at a given time. This is in the sense that the food iron is the primary source and the reserve iron the secondary.

University of California.

S. F. COOK,
Berkeley.

Normal Variations of Erythrocyte Values in Women.—Smith and Prest studied two groups of subjects, the first having a normal and the second, a lower number of erythrocytes. The total number of cells, total hemoglobin content and total volume per cent were significantly higher in the normal than in the low groups, but the estimated mean corpuscular volume, mean corpuscular hemoglobin, and mean corpuscular hemoglobin concentration remained constant. There were no significant diurnal variations in total number of cells, total hemoglobin content, total cell volume, estimated mean corpuscular hemoglobin concentration.—*American Journal of Physiology*, and *Journal of the American Medical Association*, Vol. 98, No. 17.

* From the division of physiology, University of California Medical School, Berkeley, California.

* Abstract of remarks made at the 1932 annual session of the American College of Physicians.

TRANSACTIONS OF THE SIXTY-FIRST ANNUAL SESSION CALIFORNIA MEDICAL ASSOCIATION

PASADENA, CALIFORNIA, MAY 2-5, 1932

I.—Minutes of the House of Delegates; II.—Reports of Officers; III.—Minutes of the Council;
IV.—Digests, Executive Committee Minutes.

HOUSE OF DELEGATES

Minutes of the Twenty-Eighth Meeting of the House of Delegates of the California Medical Association

First Meeting of the House of Delegates at the Sixty-First Annual Session

Held in the Administration Room, Hotel Huntington, Pasadena, California, Monday, May 2, 1932, at 8 p. m.

I. **Call to Order.**—The meeting was called to order by the Speaker, Edward M. Pallette of Los Angeles

* * *

II. **Report of Speaker on Personnel of Credentials Committee and Two Reference Committees.**—The Speaker announced that three committees of the House of Delegates had been appointed: A Committee on Credentials, consisting of George G. Reinle of Oakland (chairman), William H. Kiger of Los Angeles, and Harry E. Zaiser of Orange; a Reference Committee on Reports of Officers and Standing Committees, consisting of Percy T. Phillips of Santa Cruz (chairman); Alson R. Kilgore of San Francisco and Harry Wilson of Los Angeles; a Reference Committee on Resolutions and New and Miscellaneous Business, consisting of William R. Molony of Los Angeles (chairman); Irving S. Ingber of San Francisco, and Benjamin W. Black of Oakland.

* * *

III. **Report of the Credentials Committee.**—George G. Reinle, chairman of the Credentials Committee, then submitted the following report:

To the Speaker and the House of Delegates:

Your Committee on Credentials begs to report that it has checked the total number of delegates and alternates that each component county society is entitled to and that those delegates and alternates appearing in the official printed list, hereto attached, and who have been certified by the president and secretary of each respective component county society, are entitled to seats in the House of Delegates, excepting four alternates whose names are checked and who have not complied with the necessary regulations entitling them to seats in the House of Delegates.

Respectfully submitted,

George G. Reinle, *Chairman.*

On motion duly made, seconded and unanimously carried, the report of the Credentials Committee was adopted.

* * *

IV. **Roll Call.**—The secretary called the roll; one hundred and nine members of the House of Delegates, consisting of officers, delegates, and alternates, were seated and the Speaker declared a quorum present.

* * *

V. **Report of the President.***—The Speaker stated that the next order of business was the report of the president.

Junius B. Harris, president, read a telegram received from the Honorable James Rolph, Jr., regarding new appointments to the State Board of Medical Examiners. Doctor Harris then presented the following report:

To the Speaker and the House of Delegates:

Your president has visited the societies of Humboldt, two joint meetings of Mendocino, Sonoma, Marin, Napa and Solano counties, Placer, Nevada,

* Editor's Note.—For reports of officers and committees not included in the text of these minutes, see page 424.

Sierra, El Dorado, Yuba, Sutter, and two Northern District society meetings, where talks were given on organization work, legislation, and public policy; he has twice addressed the San Francisco Medical Society by request, addressed the joint meeting of the Northern and Southern Orthopedic Societies at Los Angeles by request; has given an address of welcome to the American College of Physicians in San Francisco and has addressed the Woman's Auxiliary to the Sacramento Society for Medical Improvement.

He found an awakening interest in the subject of medical legislation and in questions of public relations, especially the business side of medicine. Your president feels that the activities of the Department of Public Relations will be keenly watched by the membership at large and is of the opinion that the creation of such a department is welcomed and the work will be given hearty and state-wide cooperation and response.

The year has brought your president the opportunity to participate in many happy events, the pleasant advantage of meeting so many of the splendid men in our profession, a remarkable power to convert banquet food into an assimilable form, a challenge by a naturopath for a debate on "Naturopathy Versus Allopathy" in any large hall in San Francisco, an invitation to fisticuffs from a 75-year-old nature healer; also four "sure cures" for rheumatism sent in by lay cranks and the opportunity, for a price, to learn the secret of ingredients of an infallible Indian cure for cancer.

In all it has been a wonderful year, crammed with many joys, the memories of which will for a lifetime remain with your president.

Respectfully submitted,

Junius B. Harris, *President.*

* * *

The Speaker announced that the report of the President would be referred to the Reference Committee on Reports of Officers and Standing Committees.

* * *

VI. **Report of the Council.**—The Speaker stated that the report of the Council would be presented by O. D. Hamlin, chairman. Doctor Hamlin then presented the following report:

To the Speaker and the House of Delegates:

The report of the Council will touch briefly on the conditions of the California Medical Association and the work of the Council since the last annual session.

MEETINGS

Beginning with the reorganization meeting, April 30, 1931, the present Council has held four meetings throughout the year at which the average attendance was 95 per cent. Three of these meetings were at San Francisco and one at Pasadena. To these must be added the four meetings which will be held during the present session before the existing Council completes its term, making a total of eight Council meetings.

Six meetings of the Executive Committee have been held in the interim of sessions of the Council at the office of the Association, Four Fifty Sutter Street, San Francisco.

FINANCES

The auditor's report of the finances show an opening balance on January 1, 1931, of \$104,503.85 and a closing balance December 31, 1931, of \$90,038.80, and an actual gain of \$10,534.95. The seeming discrepancy is accounted for by the transfer, under authorization

of the Council on May 23, 1931, of \$25,000 of the funds of the California Medical Association to the corporation "Trustees Of The California Medical Association." The combined value of these two accounts totaled \$115,038.80.

The Council reported last year that "The corporation 'Trustees Of The California Medical Association' having been organized pursuant to provisions of the Constitution and by resolution duly adopted by the House of Delegates at the meeting at Coronado on May, 1929, the Council and the officers of the Association believe it advisable to and will transfer to such holding corporation from time to time such funds of the Association as are not needed for the conduct and operation of its affairs, making due allowance for a safe margin for contingencies."

In view of the activities of the new Department of Public Relations, the Cancer Commission and other committees which may require additional funds, the Council recommends to the House of Delegates that the annual dues for 1933 be fixed at \$10.

Among the many problems that have been considered by the Council are the ownership of x-rays, the use of county hospitals by other than indigents, the need for more adequate ambulance service, and the problem of medical service for the low-salaried man.

OWNERSHIP OF X-RAYS

A decision has been rendered in the State of Michigan determining that x-ray films are the "property of the hospital involved." If such a decision were obtained in California, it would eliminate a great deal of controversy and settle an important question of great interest to the members of the profession.

COUNTY HOSPITALS

The use of county hospitals by other than indigents has been the source of trouble in several counties of California. The plan in use in San Diego and Alameda counties has been recommended to all component societies for consideration.

AMBULANCE SERVICE

The need of more adequate ambulance service to handle motor-vehicle accidents was brought to the attention of the Council by the chief of the highway patrol. The Council referred the need to the various county societies for action through the supervisors with a resultant improvement of conditions in several sections of the state.

The report of your president, Dr. Junius B. Harris, this morning before the first general session on "The Activities of the California Medical Association During the Past Year" gave a full and comprehensive picture of many important undertakings of your Council and Executive Committee.

The Department of Public Relations and the Cancer Commission of the Association are two outstanding activities of the Association.

THE DEPARTMENT OF PUBLIC RELATIONS

Through a resolution passed at the last House of Delegates, the Department of Public Relations was formed.

The chronological order of the various steps that have been taken by the House of Delegates, the Council, the Special Committee appointed by the Council, and the Executive Committee will be given in full by Dr. Walter M. Dickie, director of the Department of Public Relations, in his report tonight. Doctor Dickie will also outline the work the department has already accomplished and that contemplated for the coming year.

CANCER COMMISSION

Through a second resolution passed at the 1931 House of Delegates a Cancer Commission was established with nine members appointed by the president. The Commission was furnished offices in the Four Fifty Sutter Building in conjunction with those of the Department of Public Relations.

The report of the Cancer Commission is published in the *Pre-Convention Bulletin* of which each member of the House of Delegates has a copy, and shows the accomplishment of a vast amount of work.

MEDICAL LIBRARY BILL

One of the bills in which the California Medical Association took most interest was the Medical Library Bill.

The Council on September 26, 1931, was notified that the Medical Library Bill had been passed by both houses and signed by the Governor. Even after passage much delay was caused by contested technicalities which were finally overcome. Funds in the amount of \$43,000 are now available for use by the regents of the University of California for the purchase of valuable medical journals and the establishment of a packet service for physicians throughout the State of California.

The services of Miss Van Zandt have been secured as librarian. Miss Van Zandt is explaining the Library service to interested members in the Scientific Exhibit Section.

The Legislative Committee worked indefatigably for the passage of this bill, and that it is now passed and effectively in operation is due to its constant vigilance.

HEALTH SOCIETIES IN CUBA

The problem of health associations in Cuba was brought to the attention of the Council by the editor and the following resolution was recommended for presentation to the House of Delegates of the American Medical Association by the California delegation:

Whereas, The development of so-called "Hospital and Health Insurance Societies" has taken on so great a development in Cuba that the standards of medical practice seemingly have been seriously endangered through such organizations; and

Whereas, It is desirable that full and accurate information should be placed at the disposal of the medical profession of the United States concerning these Cuban organizations because in them there is an expression of the dangers which confront medical practice through the establishment of such institutions; now therefore be it

Resolved, By the Executive Committee of the California Medical Association that the California Medical Association Council be requested to instruct the delegation from this constituent state association of the American Medical Association, to present this resolution to the American Medical Association House of Delegates at its next annual session at New Orleans; and be it further

Resolved, That the recommendation be made to the American Medical Association House of Delegates that, through appropriate action, steps be taken by the American Medical Association to secure full information concerning these Cuban so-called "Health and Insurance Societies" and clubs, inasmuch as such information could be of great value to organized medicine as represented by the American Medical Association and its constituent state units.

PROBLEMS REFERRED TO STANDING COMMITTEES

Matters that could properly be referred by the Council to the various Standing Committees were so referred and will not, therefore, be included in the report of the Council. These problems are brought to your attention through the reports of Standing Committees published in the *Pre-Convention Bulletin*.

CLINICAL AND RESEARCH PRIZE COMMITTEE AWARDS

Twelve papers were submitted this year in the annual prize contest. The Committee on Clinical and Research Prizes recommended that the prize for experimental work be given to the paper entitled "Experimental Pyloric Resection," written by Harold L. Thompson of Los Angeles.

The committee recommended that the clinical prize be awarded to the authors of the paper "Hydrocele," written by Norman J. Kilbourne and Charles J. Murray, both of Los Angeles.

SECTION ON PHYSICAL THERAPY

Because of the number of scientific sections already existing in the Association (twelve), and the fact that physical therapy is a therapeutic aid which is invoked in many fields of medicine, all of which are, or can be, covered by the existing sections, the Council recommend to the House of Delegates of the California Medical Association that at this time no section of physical therapy be created.

Respectfully submitted,

O. D. Hamlin, *Chairman.*

The Speaker announced that the report of the Council would be referred to the Reference Committee on Reports of Officers and Standing Committees.

VII. Report of the Auditing Committee.—At the request of the Speaker, T. Henshaw Kelly, chairman of the Auditing Committee, submitted the following report:

To the Speaker and the House of Delegates:

The Auditing Committee has supervised the expenditures of the California Medical Association during the year 1931 as required by the Constitution and By-Laws, and the books of the Association have been audited by Hugh Ross, public accountant, of San Francisco, who states "that the books of account were audited and found correct."

Copy of the complete report will be on file for the inspection of members at the office of the Association in San Francisco and at headquarters at the Hotel Huntington during the annual session in Pasadena.

The income from dues in 1931 was \$49,015 of which \$9,803 were allocated to CALIFORNIA AND WESTERN MEDICINE upon the basis of \$2 as the yearly subscription price. This is an increase of \$572.50 in dues received over 1930.

Interest and miscellaneous income amounted to \$6,562.45, bringing the total income of the Association, exclusive of CALIFORNIA AND WESTERN MEDICINE, to \$55,577.45. Total expense charged against the California Medical Association, including the allocation of dues to CALIFORNIA AND WESTERN MEDICINE, was \$41,515.89, leaving a gain for the year transferred to surplus of \$14,061.56.

CALIFORNIA AND WESTERN MEDICINE suffered from the depression by a reduction of its income from advertising space in the amount of \$3,509.54, the actual figures of advertising income for 1931 being \$33,561.19, which with subscriptions amounting to \$9,803 allocated from dues, and other subscriptions in the amount of \$2,637.50 and miscellaneous income of \$180 gave a total income of \$46,181.69. Expenses were \$49,708.30, leaving a loss for the year to be transferred to surplus of \$3,526.61.

This leaves a gain for the year in all the operations of the California Medical Association, to be transferred to surplus, of \$10,534.95.

This is a very satisfactory saving, but with the expansion of the activities of the Association it cannot be maintained and, in the opinion of the Auditing Committee, should not.

The Auditing Committee feels its responsibility to the members of the California Medical Association, whose money it watches disbursed, and again the committee desires to call the attention to the House of Delegates to the present situation.

The expenditure of every dollar is of importance to most physicians today, and the committee is of the opinion that it has not discharged its obligation until it points out again that certain expenses of the California Medical Association are going to increase rather than decrease, and that now the indiscriminate expenditure of funds is a very unwise procedure.

To the end that every dollar of money spent will give an adequate return, the committee recommends that a special survey be made of all of the customary expenditures of the Association, to determine their justification and, if found advisable, to reduce or eliminate some, so that those expenditures of most impor-

tance can be cared for by the present or even by a definitely reduced income.

Respectfully submitted,

T. Henshaw Kelly, *Chairman.*

The Speaker stated that the report of the Auditing Committee would be referred to the Reference Committee on Reports of Officers and Standing Committees.

VIII. Report of the Secretary-Treasurer.—The Speaker stated that since the report of the secretary-treasurer was printed in full in the *Pre-Convention Bulletin*, Doctor Pope had asked that the report be read by title only. Doctor Pope stated there was a discrepancy in the printed report which should be corrected—that in the second to the last paragraph the amount of \$15,252.10 included the salaries of the editors, one-third of the clerical force, and an item of \$4,557.66 for general expense. The report as submitted read:

To the Speaker and the House of Delegates:

Growth, somewhat less than normal, and the usual financial saving marked the year 1931.

While 363 members joined the Association, the actual increase for the year was but 124, the deaths of 46 members, resignations of 29, and the failure of 164 to meet their financial obligations accounting for the other 239. The membership—active, associate, retired, and honorary—numbered on December 31, 5004.

That California's growth, while less than usual, has been equal to or greater than the growth in other states, the apportionment to the House of Delegates of the American Medical Association proved. California was one of two states to whom was apportioned one additional delegate to the national House of Delegates, six states having lost one delegate. California now is entitled to seven representatives at the national session.

During January, February, and March of 1932, 198 new members joined the California Medical Association, seventy-four more than the entire increase of the previous year. During March alone, 110 joined. This membership growth is general throughout the Association. Of the thirty-nine component county medical societies, twenty-two reported new members in that month. Four thousand one hundred and twenty-eight members had paid 1932 dues on April 1—one hundred more than on the corresponding date of the previous year. This is the more surprising in view of the adverse times.

Seemingly, interest in medical economic problems and the establishment of a Public Relations Department at the last House of Delegates have stimulated a renaissance in Association interests.

Criticism regarding the proportion of members in the California Medical Association to the number of licentiates is not infrequent. Comparison between the total number of licentiates given in the directory of the Board of Medical Examiners and the membership in the California Medical Association is not a just comparison. The directory of the Board of Medical Examiners lists 11,124 as licentiates, but this number includes all licenses issued by the Board of Medical Examiners. Excluding licenses issued to drugless practitioners, naturopaths, chiroprodists, and midwives (615); to medical practitioners in other states (1847); only thirty of whom belong to the California Medical Association; and to 600 doctors of medicine engaged in a sectarian branch and hence ineligible to election as members of the California Medical Association, this formidable total dwindles to 8,062, of whom 5,004 are members of the medical association. Five thousand and four members to 3,058 nonmembers is the correct comparison. Even these figures show need for growth in the Association, but not the need so often stressed.

PLACEMENT BUREAU

The Placement Bureau has directly reflected changed conditions. Few calls have come for physicians, fewer for technicians, and practically none for stenographers and office help. All who have found locations have

appreciated the service given, perhaps more than in normal periods. Twelve physicians, one technician, and ten stenographers and nurses secured placement. From June to December 1931, no call was received for a medical stenographer. Applicants far exceed openings. Positions were filled long before the physician in need of an assistant had to use the society Placement Bureau.

The time spent in registering all types of office help seemed better applied to other service for our members until such time as more numerous calls are received. Registrations have been limited to capable medical stenographers only and technicians.

OFFICE PERSONNEL

The work of the office increases in direct proportion to increase in membership, and in society activities. Response to increased demands has been made by the office personnel cheerfully and efficiently. The will to serve is an outstanding characteristic of the assistants in the state office. Your state office should be viewed as a general information desk to which you may turn for assistance at any time, and know that all calls will receive careful and prompt attention.

COUNTY SOCIETY COOPERATION

Without recognition of the work of the component county secretaries, the state secretary's report would be most incomplete. That 4,128 payments were recorded by April 1 simply means that thirty-nine county secretaries sent out statements, received and recorded checks, forwarded triplicate reports to your state office—in the majority of cases twice a month, beginning with January 1, 1932. Placer County was even more active; Doctor Peers's first statement for the new year was received on December 15, 1931.

Fifty-six reports of county society meetings have been sent to the JOURNAL by twenty-two component secretaries, all recording active, healthy interest in both the scientific and economic phases of medicine.

At the luncheon of state officers with officers of county societies and standing committees, every component county society will be represented. A state association has strength in direct ratio to the strength of its county units; the interest, service, and ability of its president and secretary, are greatly responsible for the activity of each unit.

TREASURER'S REPORT

The auditor's report for 1931 shows the customary \$10,000 increase in reserve.

Association Income and Expense.—Annual dues, receipts from exhibitors' space at the annual meeting, and interest on the State Association reserve form the bulk of the Association assets. Dues amounted to \$49,015. One-fifth of the dues of each member is allocated to CALIFORNIA AND WESTERN MEDICINE. The remaining four-fifths credited to the Association account amounted in 1931 to \$39,212; the interest on reserve, \$3,500; receipts from exhibitors, \$2,900; and other small returns from sale of directories, etc., made the total Association assets, apart from those of its JOURNAL, \$45,774.

The general expense, including the full salary of the secretary, \$3,600; two-thirds the salary of clerical assistants, \$5,000; two-thirds office rent, council expense, annual meeting, etc., \$8,200, totaled \$16,870.

To the general expense must be added \$5,024 for the legal department; \$2,895 for the directory; \$2,200 contribution to Lane and Barlow Medical Libraries; \$2,421 for Cancer Commission and Public Relations and Public Policy and Legislation work; \$300 for clinical and research prizes; \$1,372 for transportation expenses of delegates to the American Medical Association; \$239 for subscriptions to *Better Health*; \$400 for other outlays; making a total expenditure of \$31,712—a gain for 1931 of \$14,061.56 for the CALIFORNIA Medical Association exclusive of the JOURNAL.

Journal Income and Expense.—The income of CALIFORNIA AND WESTERN MEDICINE from advertising was \$33,561.19; \$3,500 less than in 1930 due to cancellation of advertising contracts; from subscriptions (including allocated county society dues of \$9,803), \$12,440.50;

and from miscellaneous income, \$180, making total income \$46,181.64.

The expense of JOURNAL production and distribution totaled \$28,653.81; selling expense, \$5,802.39; salaries of the editors and one-third of the clerical force, and miscellaneous general expense amount to \$15,252.10; a total of \$49,708.30. JOURNAL loss of \$3,526.61, a loss somewhat less than the direct loss in advertising for that year. Deducted from the total gain of \$14,061.56, the net gain for the Association for 1931 was \$10,534.95.

The books of the Association are open to the members at the state office. The auditor's report is on the desk, and can be seen during the annual session in the Council room by interested members.

Respectfully submitted,

Emma W. Pope, *Secretary-Treasurer.*

The Speaker stated that the report of the secretary-treasurer would be referred to the Reference Committee on Reports of Officers and Standing Committees.

* * *

IX. Report of the Editor.—At the request of the Speaker, George H. Kress of Los Angeles presented the report of the editor, as follows:

To the Speaker and the House of Delegates:

Herewith find report covering the last fiscal year for CALIFORNIA AND WESTERN MEDICINE, official journal of the California Medical Association:

I. REPORT ON MANUSCRIPT AND OTHER COPY SUBMITTED, PRINTED, OR AWAITING PUBLICATION

(a) Report of Annual Session Papers of 1931—San Francisco Session.—At the 1931 San Francisco annual session a total of 138 papers were read before the different sections. These were printed in CALIFORNIA AND WESTERN MEDICINE as follows:

San Francisco annual session papers published in 1931	26
San Francisco annual session papers published in 1932	20
San Francisco annual session papers read (but published elsewhere, declined, or not sent in)	61
San Francisco annual session papers in California and Western Medicine files, still awaiting publication	31
Total San Francisco annual session papers were	138

(b) Report on All Special Articles Printed in California and Western Medicine During Period, April 1931 to April 1932 Issues, Inclusive.—Special and original articles which were published in CALIFORNIA AND WESTERN MEDICINE during the past year (April 1931 to April 1932 issues, inclusive) are as follows:

Section papers from 1930 annual session (Del Monte session)	45
Section papers from 1931 annual session (San Francisco session)	38
California Medical Association prize papers (San Francisco session)	3
Papers read before General Session (San Francisco session)	5
Lure of Medical History articles	12
Papers from Utah and Nevada State Medical Association meetings	11
Papers read before county and other medical societies	9
Papers accepted from miscellaneous sources (original articles, abstracts of speeches, reprints from other publications, etc.)	31
Clinical and Case Report articles	34
Medicine Today articles	36
Bedside Medicine symposia	12
Total papers published during past year	236

(c) Report on Manuscripts Awaiting Publication.—CALIFORNIA AND WESTERN MEDICINE has on hand manuscripts which have been accepted and which are awaiting publication in issues of May 1932 and later:

Unpublished papers from 1931 annual session (San Francisco)	31
Unpublished papers read before county and other societies	4
Unpublished papers not read before other societies	9
Unpublished papers read before Utah and Nevada Associations	1
Lure of Medical History articles	3
Clinical and Case Report articles	31
Medicine Today articles	9
Bedside Medicine symposia	4
Total manuscripts on hand awaiting publication	92

(d) *Report on Nonannual Session Papers Submitted.*—A total of sixty-three papers from county societies and other sources which were submitted for publication in CALIFORNIA AND WESTERN MEDICINE this past year (April 1931 to April 1932, inclusive) could not be accepted for various and special reasons.

Nonannual session papers submitted but declined.... 63

COMMENT

In last year's *Pre-Convention Bulletin* the special problem which still confronts the official journal, namely, the publication by CALIFORNIA AND WESTERN MEDICINE of all papers read at an annual session, was commented upon at some length. Last fall the Council ordered an extra sixteen-page folio in three of the issues in order to help pick up some of the long-delayed unpublished material which was lying in the files of CALIFORNIA AND WESTERN MEDICINE.

Owing to the number of manuscripts on hand, it was necessary during this last fiscal year to print some forty-eight papers which were read at the Del Monte annual session two years ago; and in addition to these were printed a total of forty-six section, prize, and guest speakers' papers which were read at the San Francisco annual session one year ago, leaving thirty-one annual session papers read at San Francisco still unpublished at the time this report is submitted.

Of course, if no other than annual session manuscripts had been accepted the annual session papers which were read at the San Francisco annual session would have been printed before now. But such a plan would not make for an official journal of broad scope and wide interests, and in practice would not work out to good advantage. To follow such a plan, it would not be possible for CALIFORNIA AND WESTERN MEDICINE to do much more than bring forth an annual proceedings volume such as was in vogue half a century ago, except that the annual proceedings volume would be printed in twelve monthly instead of one annual installment.

As the official publication of one of the largest state medical societies of the United States (California is exceeded in state society membership only by New York, Pennsylvania, Illinois, and Ohio) CALIFORNIA AND WESTERN MEDICINE has very special responsibilities in presenting to the more than five thousand members of the California Medical Association, reading matter that will emphasize present-day problems in scientific and organized medicine in such manner as to enlist the support and active cooperation of the members of that organization. That is one of the reasons why a certain number of papers read before component county medical societies of the California Medical Association must of necessity find a place in CALIFORNIA AND WESTERN MEDICINE. For similar reasons live topics of scientific or medical economic or other importance must also be presented, while the subjects discussed are of general or special interest.

In the April number of CALIFORNIA AND WESTERN MEDICINE, page 251, was presented the resolution of the Committee on Scientific Program and of the section officers, which resolution in effect stated that while all annual session papers automatically became the property of the California Medical Association, that publication of all papers in the official journal could not be guaranteed, and that such papers as were not accepted by CALIFORNIA AND WESTERN MEDICINE, because of its somewhat special field, would be returned to the authors in order that the same could be presented to other journals for consideration and publication.

Unless the House of Delegates takes other action in the above premises, this will be the standing rule for the official journal during the coming year, for no other course seems possible.

II. FINANCIAL REPORT OF CALIFORNIA AND WESTERN MEDICINE

At the time this report is written it is not possible to give final exact figures concerning the financial report of CALIFORNIA AND WESTERN MEDICINE because the Council is still to determine what portion of certain general expenses of the entire Association is to be

charged against the official journal. The editor, through resolution to the Council, has made request that such reallocation be made so that the actual JOURNAL income and expenses would stand separate and apart from certain general expenses which have been charged against it during the last several years, and concerning which explanatory comment was made in last year's annual report to the House of Delegates.

The advertising income of the JOURNAL reflects somewhat the general condition of the lay business world. Thus, during recent years, in round figures the advertising income was as follows: In 1928 the advertising income was \$34,830; in 1929 (when the JOURNAL advertising rates were raised 20 per cent) the advertising income reached \$40,098 (a gain of \$5,268); in 1930, was \$37,070 (a loss of \$3,028); in 1931 (our present fiscal year), was \$33,561 (a loss of \$3,509). We have been informed by those who should know that the loss of advertising in CALIFORNIA AND WESTERN MEDICINE has been considerably less than the percentage loss in advertising as noted, by and large, in trade and other publications. This statement would seem to be warranted when we consider that in our present somewhat desolate financial year CALIFORNIA AND WESTERN MEDICINE has only \$1,269 less advertising income than it had in a prosperity year such as 1928.

Plans have been under consideration for some time whereby a more aggressive advertising campaign may be instituted. At the Pasadena annual session the Los Angeles councilors will submit plans which they believe would aid in not only securing more advertising from Southern California firms, but which, in the long run, should also place the entire advertising program of the official journal on a sound basis. Using this year the same system of expense charges against CALIFORNIA AND WESTERN MEDICINE (namely, that one-third of the general expenses of the central offices of the Association be allocated to the official journal), the loss on production, printing and distribution of CALIFORNIA AND WESTERN MEDICINE for the prosperity year 1928 was \$3,334.84, and the loss for the fiscal year just closed was \$3,526.61, or a total of \$191.77 more loss this year than in 1928.

If prior to the Pasadena annual session the Council authorizes an allocation of the general expenses different from the system in vogue during the last several years, the editor will then submit the totals on such revised basis when this report is orally made to the House of Delegates.

In conclusion, it may again be stated that CALIFORNIA AND WESTERN MEDICINE is the official journal of the fifth largest state medical association in the United States. Of necessity, it is to a certain extent the mouthpiece of organized medicine in California and as such attempts to present not only the scientific achievements of the members of the California Medical Association (especially as expressed in the scientific meetings of each annual session), but also makes a constant effort to give to its readers informative papers having a relation to medical-economic and medical-legal problems.

The official journal is deeply appreciative of the cooperation of the many members who have submitted papers read at annual sessions or at component county society meetings and elsewhere, and of those who have sent in contributions to special columns such as the Lure of Medical History, Bedside Medicine, and Medicine Today departments.

During this last year (for example, in the September and April numbers) special efforts were made to present considerable material having a bearing on medical economics; this being desirable not only because of the importance which such topics nowadays have in the minds of physicians, but also because the institution by the House of Delegates of the new California Medical Association Department of Public Relations made it desirable that all members through their official journal should come into possession of as much factual information concerning such problems as possible.

Last, but not least, it is gratifying to know that in appearance, quantity, and quality CALIFORNIA AND

WESTERN MEDICINE measures up in excellent fashion with the foremost state medical journals of our country, that fact being a real compliment to its contributors.

Respectfully submitted,
George H. Kress, Editor.

The Speaker stated that the report of the editor would be referred to the Reference Committee on Reports of Officers and Standing Committees.

X. Report of the General Counsel.—At the request of the Speaker, the General Counsel, Hartley F. Peart, reported on the activities of the legal department during the past year. Mr. Peart reported on the status of the Indemnity Defense Fund. The General Counsel then discussed other problems of the Association on which the legal department had given advice or opinions to the Council, Executive Committee and other committees of the Association during the last year, including the use of county hospitals, the ownership of x-rays, hospital associations, medical service plans, the rights of physicians to fees when called as expert witness, pleading of assault instead of negligence in malpractice cases, services rendered "Trustees Of The California Medical Association," and other services involved in the activities of the Association.

The Speaker stated that the report of the General Counsel would be referred to the Reference Committee on Reports of Officers and Standing Committees.

XI. Report of the Department of Public Relations. At the request of the Speaker, Walter M. Dickie, Director of the Department of Public Relations presented the following report:

To the Speaker and the House of Delegates:

Before outlining a program for the Department of Public Relations of the California Medical Association, I would like to enumerate in chronological order the various steps that have been taken by your Association in the formation of this department:

Resolution adopted by the House of Delegates on April 27, 1931:

Whereas, We believe it to be the consensus of opinion of the majority of the members of this Association that there seems to be an increasing demand upon the part of the public for more information on the subject of medical care; and

Whereas, There is an increasing demand upon the part of the members of this Association for more and detailed information upon medical economics and the modern art of the practice of medicine; and

Whereas, For want of medical leadership there seems to be an increasing tendency on the part of the laity to usurp the guidance which rightfully belongs to the profession; and

Whereas, Nonprofessional guidance is having not only a detrimental effect upon the practice of medicine, but is also jeopardizing the public health of the future; and

Whereas, Unless organized medicine takes immediate steps to regain the leadership it formerly held, it will be forced to follow under lay guidance and political domination; therefore, be it

Resolved, That the Council take immediate steps to create a Department of Public Relations, apart from the present Scientific Department, under the leadership of a well qualified, aggressive doctor of medicine as business manager, who would understand the psychology of the art of the practice of medicine, whose business it should be to train assistants and develop departments to actively promote and protect the interests of this Association and its members.

Resolution adopted by the Council on May 23, 1931:

Resolved, That the chairman of the Council appoint a committee of not less than three nor more than five to study the matter and report to the Council at the fall meeting.

Report of Special Committee.—Your special committee on Public Relations, appointed on August 31, 1931,

submits the following report on the proposed Department of Public Relations, including the structure of the department and the functions of the director.

On April 30, 1931, the House of Delegates of the California Medical Association adopted Resolution No. 1, which reads as follows.

"Resolved, That the Council take immediate steps to create a Department of Public Relations, apart from the present Scientific Department, under the leadership of a well qualified aggressive doctor of medicine as a business manager. . . ."

In establishing such a department it should be remembered that the Constitution of the California Medical Association provides existing machinery for carrying out all of the functions of public relations. The present standing committees on Public Policy and Legislation, on Health and Public Instruction, on Hospitals, Dispensaries and Clinics, and on Medical Economics are charged by the by-laws with the important relations between the Association and the public. The Constitution also provides for an executive secretary or field secretary to be employed by the Council. These committees and an executive secretary may well be grouped to form the Department of Public Relations required by the resolution of the House of Delegates. In this way the Department of Public Relations will be a logical development of the existing activities of the California Medical Association and not a duplication of the present effort.

The preamble of the resolution indicates as the function of this department the promotion of medical leadership in matters of public health, instruction of the public on the subject of medical care, supplying the members of the Association with detailed information on Medical Economics and the art of medical practice, and leadership in the proper distribution of adequate medical care. Our standing committees have made remarkable progress in laying the groundwork for these functions, but the detail work of these activities is beyond what can reasonably be expected of the members engaged in active practice or of the secretarial force of a private office. Each of the committees dealing with relations of the profession to the public requires a large amount of secretarial work in their investigation and business methods in the development of their policies. Also the findings of these committees should be permanently filed and correlated for future use. Furthermore, the extension of the work of these committees to the county societies and efficient contact with related state organizations and the legislature, requires the services of a full-time executive secretary.

The special committee on Public Relations, appointed by the chairman of the Council, makes the following recommendations:

First: That the Department of Public Relations be composed of those standing committees whose present functions deal with the relations of the profession to the public and of those commissions dealing with public health.

Second: That a Committee on Public Relations be established, composed of the chairmen of the component committees or commissions, with the president, secretary, and General Counsel of the California Medical Association ex officio.

Third: That after a comprehensive survey of available men in the United States the Council employ an executive secretary to be director of the Department of Public Relations as provided by the resolution of the House of Delegates.

Fourth: That all policies, activities, and bulletins of the department be subject to the approval of the Council or the Executive Committee. In order to facilitate freedom of action and avoid delay, a full report shall be submitted monthly to the Executive Committee.

Fifth: That the work and responsibilities of the present standing committees or commissions shall be in no way curtailed, but that their grouping into the department shall be considered to be for the purpose of increasing their activity and efficiency.

Sixth: That the Committee on Public Relations be charged with correlating the work of the component

committees or commissions and coöperating with the executive secretary in developing the policies of the department.

Your special committee on Public Relations has also considered the duties of the director of the department and recommends that the Council define these duties as follows:

First: To assist the component committees in obtaining, filing, and correlating the information that they require.

Second: To extend to the county societies and members of the California Medical Association information on Medical Economics and Public Relations through bulletins and personal contact.

Third: To encourage the county societies to establish Committees on Public Relations or Medical Economics and to assist the county societies and their committees in the study of local problems.

Fourth: To interest the county societies in leadership of all public health activities.

Fifth: To develop plans with the component committees for the distribution of health information to the public by means of the press, radio, health exhibits, and a speakers' bureau.

Sixth: To contact the state organizations dealing with health and medical activities to the end that their work may be correlated with that of the California Medical Association.

Seventh: To assist the Committee on Public Policy and Legislation as may be directed by the Council.

A preliminary survey is being made of the available men in the United States to fill the position of director, but the committee has not had sufficient time to justify a final report in this regard.

Resolution adopted by the Council on September 26, 1931:

Pursuant with the direction of the House of Delegates, as embodied in Resolution No. 1, adopted April 30, 1931, at San Francisco, it is hereby

Resolved, That a Department of Public Relations of the California Medical Association be and hereby is established, to consist of a director, an advisory committee, and those standing committees or commissions of the California Medical Association whose present functions deal with public relations, public health, or public education. It is further

Resolved, That the structure and function of the Department of Public Relations be as follows:

1. The function of the department shall be to promote the leadership of the medical profession in public health activities, public health education, legislation dealing with public health and medicine and in the distribution of adequate medical care.

2. The actions, policy, and budget of the department shall be authorized by and subject to the approval of the Council of the California Medical Association or the Executive Committee, under authorization of the Council.

3. The director of the department shall also have the title of executive secretary as provided by the Constitution of the California Medical Association. He shall be appointed annually by the Council at its reorganization meeting, and his salary and duties shall be fixed by the Council. He shall be a graduate doctor of medicine, but need not necessarily be a member of the California Medical Association.

4. The director shall, with the coöperation of the Advisory Committee, assist the component committees of the department in carrying out their respective duties as designated in the Constitution of the California Medical Association or as defined by the Council or House of Delegates.

5. The Advisory Committee shall consist of the chairmen of the component committees or commissions together with the president, the secretary, and the general counsel of the California Medical Association. The Advisory Committee shall be known as the Committee on Public Relations and shall assist the director in coördinating the work of the component committees. This committee shall select its own chairman and secretary (who shall also be the chairman and secretary of the department at meetings

thereof) and be governed by the provisions of Chapter V of the By-Laws of the California Medical Association regarding standing committees.

6. The component committees of the Department of Public Relations at present shall be the Committee on Public Policy and Legislation, the Committee on Medical Economics, the Committee on Hospitals, Dispensaries and clinics, and the Cancer Commission. The Council, at its discretion, may add other committees to the department.

Resolution adopted by the Executive Committee of the Council on February 27, 1932:

Whereas, In conformity with the resolution passed by the House of Delegates of the California Medical Association at the 1931 annual session which directed the Council to form a Department of Public Relations headed by a director who must hold the degree of doctor of medicine; and

Whereas, The Council, upon the recommendation of a special committee appointed by it to study possible forms of organization, created a Department of Public Relations to consist of a director holding the degree of doctor of medicine, and the following committees of the California Medical Association: Cancer Commission, Committee on Public Policy and Legislation, Committee on Medical Education, Committee on Hospitals, Dispensaries and Clinics, and Committee on Health and Public Instruction; and

Whereas, The chairmen of these component committees, the president, the president-elect, and the secretary of the California Medical Association were constituted by the Council an advisory committee to be known as the Committee of Public Relations, with the duties of formulating plans and suggestions for the guidance of the Council and the House of Delegates in the furtherance of the work of the department, and of assisting the director in the correlation of the work of the various component committees of the department; and

Whereas, A special committee appointed by the Council at its meeting in San Francisco on January 16, 1932, and consisting of the president, the president-elect, the chairman of the Council, and the chairman of the Executive Committee, succeeded, at the direction of the Council, in obtaining the consent of Dr. Walter M. Dickie of Berkeley to serve as director of the department in accordance with the following letter received from Doctor Dickie:

Dr. O. D. Hamlin
Chairman of Council
California Medical Association
Federal Realty Building
Oakland, California

Dear Doctor Hamlin:

In answer to the offer of the California Medical Association through the Council, I beg to state that I am willing to accept the position of director of the proposed Department of Public Relations of the California Medical Association with the understanding that between now and the meeting of the Association in Pasadena, I devote sufficient time to making a survey and that, prior to the meeting, I make a written report to your Council with suggestions as to what I believe can be accomplished.

Then, if we can agree on a general policy and program for the conduct of the department, I shall be pleased to accept the position permanently. As suggested at the meeting Tuesday evening, the salary will be five hundred dollars a month and expenses, commencing February 1, 1932.

Assuring you of my appreciation of the honor of being considered for the position, I remain

Sincerely yours,

(Signed) WALTER M. DICKIE.

Whereas, The Council does not meet until May, 1932; therefore, be it

Resolved, That the Executive Committee recommends to the Council that it adopt the following organization for the Department of Public Relations:

1. The department shall consist of a director and the following standing committees of the Association: Cancer Commission, Committee on Public Policy and Legislation, Committee on Medical Economics, Committee on Hospitals, Dispensaries and Clinics, and Committee on Health and Public Instruction.

2. The function of the department shall be to promote the leadership of the profession in public health activities, public health education, legislation dealing with public health and medicine and the betterment of medical care extended to all.

3. The director shall be a doctor of medicine and shall serve the Council of the California Medical Association as managing director of the Department of Public Relations and he shall be responsible to the Council; and with the aid of the Committee on Public Relations and the component committees of the department, he shall carry out such activities in the department as may be determined upon and assigned to it by the Council of the California Medical Association.

4. He shall submit each year to the Auditing Committee as provided in the Constitution and By-Laws, a budget setting forth the estimated expenditures of his department for the next succeeding fiscal year.

5. The Committee on Public Relations shall assist the director in the correlation of the work of the component committees of the department and shall submit plans and suggestions for the furtherance of the work of the department to the Council and the House of Delegates.

6. The component committees of the department shall pursue such activities as are provided for them by the Constitution and By-Laws of the California Medical Association, and the director of the department may extend the facilities of the office of the department in furtherance of the work of said committees as far as is feasible.

Such committees may bring to the attention of the Council of the California Medical Association, through the Committee on Public Relations, such matters and suggestions as they may deem advisable; and be it further

Resolved, That the director, the Committee on Public Relations, and the component committees of the department be governed in accordance herewith, pending final action by the Council of the California Medical Association.

The foregoing constitute the important resolutions dealing with the department.

OUTLINE OF PROGRAM

In order to acquaint myself with the subject, I have gone over the records of the Association, dating back to the time at which this subject was first introduced, and have interviewed various officers and members of the Association who have been interested and given some thought to the subject of medical economics.

In outlining a program for the Department of Public Relations it should be divided into at least four separate activities to start with, and from time to time other activities may be added. This tends to a better administration and gives an opportunity for expansion along these particular lines.

We might designate these divisions under the headings of: Administration; Statistics; Education and Publicity; Legislation.

ADMINISTRATION

The division of administration would deal with the business activities and policies of the department as designated by the Council. If an efficient organization is to be established and is to be productive of results, the first function would be to educate the individual members of the Association as to the desirability of a unified spirit in dealing with the general subject of medical economics.

The department should establish a closer relationship between the California Medical Association and the various lay organizations of the state that have to do directly or indirectly with medicine, welfare or public health.

In order to establish a closer relationship between the State Association and the local societies, it would be advisable to organize component committees on Public Relations in the various county medical societies.

These committees, in conjunction with the Committee on Public Relations of the Association, would form a group which could meet periodically and study and discuss general economic problems. It would be advisable that the annual meeting of this committee be held at the same time and place as the annual meeting of the Association.

The department would assist medical societies or groups of members in the establishment of hospital associations, clinics, etc., where lay control and management does not exist and the proceeds go directly to members of the medical profession. (Any plan for the development of cooperative medical service should preferably be carried out in local units in order that we may obtain experience in organization and management.)

In order to work out such a program the State Association should lend its support, in order to make a practical demonstration with a given group of citizens whose income is assured and does not exceed a given amount.

One or more such demonstrations would give to the members of the Association more information and practical experience than can be obtained in years of discussion and research.

We should promote a closer relationship between local medical associations and boards of supervisors, so that the local societies may have a voice in the administration of the institutions and the treatment of patients. This may be brought about by the establishment by the board of supervisors of an advisory committee, on which the local society shall have representation, and the appointment of the county hospital staff by the advisory board.

The superintendents of county hospitals should be medical executives, devoting their full time to this work. All patients should be admitted to public hospitals and clinics through the social service department, which department should be responsible solely to the superintendent and the advisory board.

If hospital associations and clinics continue to expand and are the proper solution for the care and treatment of the middle classes, it would appear from past experience that in order to safeguard the public and maintain the present medical standards, it will be necessary to eliminate the layman in the management of such organizations and establish medical executives who shall work on a salary and be responsible to the medical profession, rather than a lay promoter, and to eliminate all profit from the operation of such organizations.

Regardless of what changes may take place in the future in the practice of medicine, it is apparent that our medical colleges should realize the necessity of establishing courses in medical economics and that some plan be worked out for the training of medical executives. It would seem that there is sufficient demand for medical executives to interest some of our national foundations in supplying this need, the same as they have done in the public health field.

STATISTICS

Medical economics is such a complex subject and has so many ramifications that, in order to carry out any constructive work, it will be necessary to establish a very complete statistical division. Various committees comprising the Department of Public Relations have gathered together much valuable information and have laid the foundation for this division. This information should be placed on file in the Department of Public Relations so that it may be available, not only to the department, but to the various local societies and members thereof.

Files should be established on county hospitals, public and private clinics, hospital associations, health insurance organizations, and any other agencies doing business in the State of California containing such data as may be pertinent to medical economics.

All special articles and literature on the subject of medical economics should be gathered together, assembled and filed. And the same should be done with

the reports of the Committees on Public Policy and Legislation, Hospitals and Clinics, Health and Instruction, and the Cancer Commission.

EDUCATION AND PUBLICITY

This division should edit and furnish suitable material on medical economics for the space allotted to the Department of Public Relations in the JOURNAL of the California Medical Association and in such other periodicals as may be designated by the Council.

It shall establish at state and county fairs educational exhibits on what medical science has done and has to offer for the treatment and prevention of disease.

It shall assist county societies, where necessary, in the organization of radio campaigns.

A speakers' bureau should be conducted in order that medical subjects may be presented to lay and medical groups.

It should establish lecture courses, where possible, in teachers' colleges and other educational institutions.

Speakers on programs of public and private agencies which deal with medical care, directly or indirectly, should be supplied.

LEGISLATION

The duties of the division of legislation would be to study all proposed medical legislation and such other legislation as may, directly or indirectly, have a bearing on medical economics, and to keep the local societies informed in reference to all medical legislation that is proposed or introduced into the legislature.

This division would review local legislation in reference to the establishment of health departments and other agencies in which the medical profession is interested.

The division would ascertain as far as possible the qualifications and attitude toward medicine of prospective candidates and members of the legislature.

Respectfully submitted,
Walter M. Dickie, *Director*.

* * *

The Speaker stated that the report of the Department of Public Relations would be referred to the Reference Committee on Reports of Officers and Standing Committees.

* * *

XII. Report of "Trustees Of The California Medical Association."—At the request of the Speaker, O. D. Hamlin of Oakland submitted the report of "Trustees Of The California Medical Association," which read as follows:

To the Speaker and the House of Delegates:

Following the last annual session, the "Trustees Of The California Medical Association" held the regular annual organization meeting at San Francisco on May 23, 1931, and elected officers and directors for the ensuing year.

During the year 1931 the Council of the California Medical Association authorized the transfer of \$25,000 of the funds of the California Medical Association to the "Trustees Of The California Medical Association," and since that time an additional \$50,000 has been transferred. After due consideration by the directors of the "Trustees Of The California Medical Association" \$21,163.41 of these funds were invested in United States Bonds of the Fourth Liberty Loan. The balance of \$51,721.59 has been left undisturbed in savings accounts in various California banks.

Respectfully submitted,
O. D. Hamlin, *Chairman*.

* * *

The Speaker stated that the report of the "Trustees Of The California Medical Association" would be referred to the Reference Committee on Reports of Officers and Standing Committees.

XIII. Unfinished Business:

Annual Budget.—T. Henshaw Kelly, chairman of the Auditing Committee, stated that in accordance with constitutional provision, the budget of estimated income and expense should be submitted to the House of Delegates. Doctor Kelly then submitted the following budget:

CALIFORNIA MEDICAL ASSOCIATION

Estimated Budget for 1933-1934

INCOME

California Medical Association:			
County society dues.....	\$48,000		
Interest—commercial and savings	3,600		
Directory sales.....	15		
Herzstein bequest.....	1,600		
Estimated net return commercial exhibits.....	1,500		
Medical Society, pro-rata general expense.....	600	\$55,315	
Journal:			
Advertising	\$33,000		
Paid subscriptions	1,500		
Sale of books, etc., to S. F. Co.			
Medical Society.....	180	34,680	\$89,995

EXPENSES

California Medical Association:			
Rent	\$ 3,060		
Office expense.....	150		
Office supplies.....	600		
Telephone	300		
Transportation	2,400		
Prizes	300		
Binding Journals.....	255		
Membership directory.....	500		
Public Relations Committee (including Cancer Commission)	14,500		
Public Health Exhibits.....	3,000		
Unforeseen contingent expenses.....	5,000	\$30,065	
Salaries, secretary.....	\$3,600		
Clerical 2/3.....	4,865	8,465	
Journal:			
Salaries, editorial.....	\$7,400		
Clerical 1/3.....	2,435	9,835	
Publication expense.....	\$30,000		
Commission, L. J. Flynn.....	3,500		
Commission, Cooperative Medical Advertising Bureau.....	2,500		
Discounts and collections.....	400	36,400	
Legal Department.....		6,000	90,765
Deficit			\$ 770

* * *

The Speaker stated that the budget for the year 1933 would be referred to the Reference Committee on Reports of Officers and Standing Committees.

* * *

XIV. New Business:

The Speaker announced that the next order of business would be the presentation of new business.

* * *

Resignation of Joseph M. King.—The secretary presented the following resignation of Joseph M. King as president-elect:

"Deeply appreciating the fact that you have conferred upon me the highest honor within your gift, but realizing that my physical condition is such as to prevent me from carrying out what I believe to be the duties of the president, I hereby present my resignation as president-elect."

Dr. William Duffield stated that he felt Doctor King's physical ability would meet the requirements of the Association. Doctor Duffield then moved that the House of Delegates do not accept Doctor King's resignation but that it request Doctor King to proceed with the work of president to the best of his ability; such motion was seconded by Doctors Henry J. Ullmann and William R. Molony. Percy T. Phillips of Santa Cruz asked that a rising vote of the House be taken. A rising vote was taken and the resolution was unanimously adopted.

Appreciation of Appointments by Governor to Medical Positions.—Alfred J. Scott of Los Angeles read the following resolution:

Whereas, From the date of his inauguration as Governor of the State of California, the Honorable James Rolph, Jr., has shown his deep interest in the public health of the state; and

Whereas, He has appointed Dr. J. M. Toner, a physician, a member of the California Medical Association, to the office of Director of Institutions; and Dr. John H. Gallwey, a member of this Association, a regent of the University of California; and

Whereas, He has appointed to the Department of Public Health John H. Graves, M. D., a past president of the California Medical Association, J. B. Harris, M. D., president of the California Medical Association, E. M. Pallette, M. D., speaker of the House of Delegates of the California Medical Association, Gifford L. Sobey, M. D., a member of the California Medical Association, William R. P. Clark, M. D., a member of the California Medical Association, Burt S. Stevens, M. D., a member of the California Medical Association, Percival Dolman, M. D., a member of the California Medical Association, and Giles S. Porter, M. D., a member of the California Medical Association; and

Whereas, He has appointed to the Board of Medical Examiners P. T. Phillips, M. D., a past president of the California Medical Association, Charles B. Pinkham, M. D., a member of the California Medical Association, William R. Molony, M. D., president of the Los Angeles County Medical Association, Charles Sturgeon, M. D., vice-president of the Los Angeles County Medical Association, and Fred R. DeLappe, M. D., councilor of the California Medical Association; and

Whereas, Governor James Rolph, Jr., has honored the State of California, himself personally, and the medical profession as a whole by these appointments; now, therefore, be it

Resolved, By the Council of the California Medical Association at its sixty-first annual session held at Pasadena, this second day of May, 1932, that a vote of heartiest appreciation be extended to his Excellency, Governor James Rolph, Jr., for his appointments to these offices, which are so important to the welfare of the citizens of California; and be it further

Resolved, That these resolutions be spread on the minutes of this Council, and a copy be transmitted to the Honorable James Rolph, Jr.

* * *

Alfred J. Scott of Los Angeles then stated that the foregoing resolution had been adopted by the Council. Doctor Scott then moved for the endorsement by the House of Delegates of the action of the Council; such motion was seconded by Harry V. Brown of Los Angeles, and unanimously carried.

RESOLUTIONS*†

(a) *Resolution No. 1, Department of Public Relations.*†*

Carl R. Howson of Los Angeles presented the following resolution:

Whereas, Pursuant to the direction of the House of Delegates, as embodied in Resolution No. 1, adopted April 30, 1931, at San Francisco, California, there has been established by the Council of the California Medical Association a Department of Public Relations; and

Whereas, This department was originated for the purpose of increasing the activity and efficiency of those component committees of the Association which

have to deal with medical economics, public health, public education, and matters affecting the economic and legal status of the private physician in his relation to the public; and

Whereas, In the organization of this department there has been set up a Committee on Public Relations to act in an advisory capacity to the Director of Public Relations; and

Whereas, The Council has delegated to the Committee on Public Relations the power to act only in an advisory capacity to the director, but with no fixed duties or responsibilities; now, therefore, be it

Resolved, That the House of Delegates instruct the Council to adopt forthwith the following organization for the Department of Public Relations:

1. The Department of Public Relations shall consist of the component standing and special committees of the Association now known as the Committee on Public Policy and Legislation, the Committee on Medical Economics, the Committee on Hospitals, Dispensaries and Clinics, the Committee on Health and Public Instruction, the Committee on Membership and Organization, the Committee on Industrial Practice, and the Cancer Commission.

2. The chairmen of these various committees composing the department shall, with the president, the president-elect, and the secretary of the California Medical Association, compose the Committee on Public Relations.

3. The director of the Department of Public Relations, who shall also be known as a field secretary, *shall be preferably* (may be) a doctor of medicine, appointed by the Council of the California Medical Association, after consultation with the Committee on Public Relations.

4. This committee shall be responsible to the Council and to the House of Delegates for all of its activities.

5. The director shall be responsible to this Committee on Public Relations (; and he shall carry out such activities in the department as may be determined upon and assigned to him by said committee). *The director shall act under the supervision and instruction of the chairman of this committee in such matters as shall be approved or sanctioned by the committee.*

The Council or the Executive Committee may instruct the Committee on Public Relations and outline to it certain policies and duties, which shall be executed through the director (.) *as above provided.*

In the event of any disagreement between this committee and the Council or the Executive Committee as to any activity of policy, the decision of the Council, after full discussion and hearing, shall be final.

6. The Committee on Public Relations shall make recommendations to the Council for approval as to the time, the place, the number of meetings, and the budget of the department, provided that the secretary shall call the first meeting within sixty days following the annual meeting of the Association.

7. The Council shall arrange with the General Council to give this committee all needed legal aid.

8. The committee shall, *annually* at its first meeting, elect its own chairman. The secretary of the Association shall be ex officio its secretary. *A majority of the Committee shall constitute a quorum.*

And, Be It Further Resolved, That the House of Delegates of the California Medical Association hereby instructs the Council, at its organization meeting, to so (organize) *establish* the Department of Public Relations (.) *and the Committee on Public Relations. The Council shall proceed to organize the department as rapidly as possible.*

All resolutions of the Council and of the Executive Committee in relation to the Department of Public Relations, the Committee on Public Relations, and the Director of the Department, heretofore adopted, are hereby repealed.

Resolution No. 1, Department of Public Relations, was referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

* * *

Resolution No. 2, Amendment to the By-Laws.†*—John V. Barrow of Los Angeles presented the following

* For action on all resolutions introduced at first meeting of House of Delegates see item 7, second meeting of House of Delegates.

† Amendments to resolutions made by Reference Committee are inserted above,—deletions by committee are enclosed in parentheses; additions by committee are inserted in italics.

See second meeting of House of Delegates for resolutions introduced at second meeting to clarify amendments to Constitution and By-Laws.

resolution to amend Chapter V, Section 8, of the By-Laws:

Resolved, That the By-Laws, Chapter V, Section 8, paragraph 2 thereof be amended to read as follows:

Chapter V

Section 8. *Committee on Scientific Work.*—This committee shall determine the character and scope of the scientific proceedings of the Association for each session and shall invite the guest speakers, subject to the approval of the Council.

Resolution No. 2, Amendment to By-Laws, Chapter V, Section 8, was referred to the Reference Committee on Resolutions and New and Miscellaneous Business. The Speaker stated this would be acted upon Wednesday night.

Resolution No. 3, Survey of Association Expenditures.†* William C. Voorsanger of San Francisco presented the following resolution:

Whereas, The expenditure of every dollar is of especial importance to physicians today; and

Whereas, The California Medical Association has embarked upon a constructive program in the organization of a Department of Public Relations and a Cancer Commission, both of which will require the expenditure of money for the successful prosecution of their work and attainment of their objectives; and

Whereas, The House of Delegates believes that economies in the present operation of the affairs of the Association can be affected without materially decreasing the efficiency and value of its services to its membership; therefore, be it

Resolved, That a committee be created consisting of the chairman of the Auditing Committee, one member of the Council appointed by the chairman of the Council, and three members of the 1932 House of Delegates appointed by the Speaker. The duty of this committee shall be to make a detailed survey of the expenditures of the California Medical Association and of CALIFORNIA AND WESTERN MEDICINE, looking toward a reduction of such expenditures and report to the Council at the (its) first (fall) meeting, following the annual session in 1932, for action by the Council.

Resolution No. 3, Expenditures of Association, was referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

Resolution No. 4, Amendment to the Constitution.†* Philip H. Stephens of Los Angeles presented the following resolution to amend Article VII, Section 1, of the Constitution; and Article VII, Section 8, of the Constitution:

Resolved, That the first two paragraphs of Section 1, Article VII of the Constitution, and Section 8, Article VII of the Constitution be amended to read respectively as follows:

Article VII. Council and Executive Committee.

Section 1. *The Council.*—The Council shall consist of the Councilors, and ex officio the President, the President-elect, the Speaker of the House of Delegates, and the chairman of the Committee on Public Relations, each with all the rights of a councilor.

Subject to the provisions herein, the Secretary-Treasurer and the Editor shall also be ex-officio members of the Council, but without the right to vote.

Section 8. *Executive Committee.*—The Executive Committee shall consist of the President, the President-elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Secretary-Treasurer, and the Editor.

Resolution No. 4, Amendment to the Constitution, Article VII, and Section 1, and Article VII, Section 8, was referred to the Reference Committee on Resolutions and New and Miscellaneous Business. The Speaker stated that since this was an amendment to the Constitution final action would be taken at the next annual session.

Resolution No. 5, Amendment to the By-Laws, Chapter V, Section 10.†*—Edward W. Hayes of Los Angeles presented the following resolution to amend Chapter V, Section 10 of the By-Laws:

Resolved, That the By-Laws, Chapter V, Section 10 thereof be amended to read as follows:

Chapter V

Section 10. *Committee on Publications.*—The Committee on Publications shall consist of three elected members, and ex officio the Editor, the Associate Editor or Editors, and the Secretary-Treasurer.

The Committee, subject to the instruction and approval of the Council, shall have authority to arrange for the publication and distribution of the official journal of the Association and such other publications as the Council or the House of Delegates may instruct, and shall consult with the Editors; (etc.) and with the Secretaries of the component county societies, to the end that the scientific and organization work of the Association may be presented to the members of the Association in the best possible manner.

Resolution No. 5, Amendment to the By-Laws, Chapter V, Section 10, was referred to the Reference Committee on Resolutions and New and Miscellaneous Business. The Speaker stated this would be acted upon Wednesday night.

Resolution No. 6, Amendment to the By-Laws, Chapter VI, Section 8.†*—Charles T. Sturgeon of Los Angeles presented the following resolution to amend Chapter VI, Section 8 of the By-Laws:

Resolved, That the By-Laws, Chapter VI, Section 8 thereof be amended to read as follows:

Chapter VI

Section 8. *Duties of the Editor.*—The Editor and Associate Editor or Editors shall compile, edit and have charge of the official journal of the Association and such other publications as the Council or the House of Delegates may instruct them to undertake.

Resolution No. 6, Amendment to the By-Laws, Chapter VI, Section 8, was referred to the Committee on Resolutions and New and Miscellaneous Business. The Speaker stated this would be acted upon Wednesday night.

Resolution No. 7, Amendment to the Constitution, Article XII, Section 2.†*—Walter L. Huggins of Los Angeles presented the following resolution to amend Article XII, Section 2 of the Constitution:

Resolved, That the Constitution Article XII, Section 2 thereof be amended to read as follows:

Article XII

Section 2. *Annual Directory.*—The Association may publish an annual directory of members, with such other information as the Council may direct.

Resolution No. 7, Amendment to the Constitution, Article XII, Section 2, was referred to the Committee on Resolutions and New and Miscellaneous Business. The Speaker stated this was an amendment to the Constitution and final action would be taken at the next annual session.

*Resolution No. 8, Salaries of Employees.**—T. C. Myers of Los Angeles presented the following resolution:

Whereas, The depression of values throughout the country has increased the purchasing power of the dollar by about 40 per cent, be it hereby

Resolved, That the Council of the California Medical Association is instructed to seriously consider as a measure of equity and economy the reduction of salaries for the coming year, excepting all employees receiving less than Twelve Hundred (\$1200) Dollars per annum.

Resolution No. 8, Salaries of Employees, was referred to the Committee on Resolutions and New and Miscellaneous Business.

Resolution No. 9, Amendment to the By-Laws, Chapter IV, Section 4.*†—W. S. Mortensen of Los Angeles presented the following resolution to amend Chapter IV, Section 4 of the By-Laws:

Resolved, That the By-Laws, Chapter IV, Section 4 thereof be amended to read as follows:

Chapter IV

Section 4. **Order of Business.**—At meetings of the Council, business shall be transacted as the Council may determine from time to time by resolution.

The Council shall provide and fix the order of business of the first two meetings of the House of Delegates at each regular annual session, provided that the House may change this order at any time by a majority vote.

Resolution No. 9, Amendment to the By-Laws, Chapter IV, Section 4, was referred to the Committee on Resolutions and New and Miscellaneous Business. The Speaker stated this amendment would be acted upon Wednesday night.

* * *

Carl R. Howson of Los Angeles moved that the amendments to the Constitution and By-Laws proposed at this meeting be referred to the General Counsel of the Association that they may be put in such form as may be in conformity with proper legal procedure without change in their intent; such motion was seconded by T. Henshaw Kelly of San Francisco and unanimously carried.

* * *

Resolution No. 10, Digests of Medico-Legal Decisions.*† George H. Kress of Los Angeles presented the following resolution:

Whereas, *The Journal of the American Medical Association* prints in each of its issues a digest of major medico-legal decisions; and

Whereas, such digests, if brought out in booklet form, year by year, with proper index and cross references, could be of very great value to members of the medical and legal professions; now, therefore, be it

Resolved, By the House of Delegates of the California Medical Association at its sixty-first annual session, that it requests the House of Delegates of the American Medical Association to consider the advisability of recommending to the Board of Trustees of the American Medical Association, the publication, in the form of annual volumes, of these medico-legal digests which are printed in *The Journal of the American Medical Association*; and be it further

Resolved, That a copy or copies of such volume, as approved by the House of Delegates and by the Board of Trustees of the American Medical Association be sent each year to each of the constituent state associations; (and that it be made possible for members of the medical and legal professions to purchase copies of such annual compilations under such conditions as the Board of Trustees of the American Medical Association may deem proper).

Resolution No. 10, Digests of Medico-Legal Decisions was referred to the Reference Committee on Resolutions and New and Miscellaneous Business.

* * *

XV. Reading and Adoption of Minutes.—Minutes of the meeting were then read and, there being no objection, were approved.

* * *

XVI. Adjournment.—There being no further business, the meeting adjourned to meet in the ballroom at 8 p. m., Wednesday, May 4, 1932.

EDWARD M. PALLETTE, *Speaker*.
EMMA W. POPE, *Secretary*.

Second Meeting of the House of Delegates at the Sixty-First Annual Session

Held in the ballroom, Hotel Huntington, Pasadena, Wednesday, May 4, 1932, at 8 p. m.

I. Call to Order.—The meeting was called to order by the Speaker of the House, Edward M. Pallette of Los Angeles.

* * *

II. Roll Call.—The secretary called the roll; 107 members of the House of Delegates, consisting of officers, delegates and alternates, were seated, and the Speaker declared a quorum present.

* * *

III. Announcement of Place of 1933 Annual Session. The Speaker stated that Del Monte Hotel, Del Monte, had been selected as headquarters for the next annual session and the date had been fixed as April 24 to 27, inclusive.

* * *

IV. Resignation of Councilor.—The Speaker stated that George G. Reinle of Oakland had submitted his resignation as councilor-at-large.

O. D. Hamlin of Oakland moved that the resignation of George G. Reinle as councilor-at-large be accepted; such motion was seconded by George G. Hunter of Los Angeles and unanimously carried.

* * *

V. Election of Officers:

1. President-Elect.—The Speaker stated that the next order of business would be the election of officers, and that nominations for president-elect were in order.

Robert Peers of Colfax nominated George G. Reinle of Oakland as president-elect; such nomination was seconded by Daniel Crosby of Oakland.

Irving S. Ingber of San Francisco moved that the nominations be closed and that the secretary be instructed to cast the ballot for George G. Reinle; such motion was seconded by George G. Hunter of Los Angeles, and carried.

The secretary cast the unanimous ballot of the House for George G. Reinle, and the Speaker announced the election of George G. Reinle as president-elect for the ensuing year.

2. Speaker of the House of Delegates.—John H. Graves of San Francisco, Vice-Speaker of the House, then took the chair and announced that the next order of business would be the election of the speaker of the House of Delegates for the ensuing year.

William R. Molony of Los Angeles nominated Edward M. Pallette of Los Angeles as speaker of the House; such nomination was seconded by O. D. Hamlin of Oakland. Henry J. Ullmann of Santa Barbara moved that the nominations be closed and the secretary be instructed to cast the ballot for Edward M. Pallette; such motion was seconded by T. Henshaw Kelly of San Francisco, and carried.

The secretary cast the unanimous ballot of the House for Doctor Pallette, and the Vice-Speaker, Doctor Graves, announced the election of Edward M. Pallette as Speaker of the House of Delegates for the ensuing year. Doctor Pallette then took the chair.

3. Vice-Speaker of the House of Delegates.—The Speaker stated that the next order of business would be the election of a vice-speaker of the House of Delegates.

William Duffield of Los Angeles nominated John H. Graves of San Francisco as vice-speaker of the House of Delegates; such nomination was seconded by Irving S. Ingber of San Francisco.

George G. Hunter of Los Angeles moved that the nomination be closed and the secretary be instructed to cast the ballot for John H. Graves; such motion was duly seconded, and carried.

The secretary cast the unanimous ballot of the House for Doctor Graves, and the Speaker announced the election of John H. Graves as vice-speaker of the House of Delegates for the ensuing year.

4. *Election of Councilors.*—The Speaker stated that the next order of business would be the election of district councilors for the first, fourth, and seventh districts.

(a) *First District.*—The Speaker announced that William W. Roblee of Riverside had been nominated as councilor for the first district on written nomination filed with the secretary, signed by Harry E. Zaiser of Orange and Thomas A. Card of Riverside; such nomination was seconded by Henry J. Ullmann of Santa Barbara. Daniel Crosby of Oakland moved that the nominations be closed and that the secretary be instructed to cast the ballot for William W. Roblee; such motion was duly seconded, and carried.

The secretary cast the unanimous ballot of the House for William W. Roblee, and the Speaker announced the election of William W. Roblee as councilor for the first district for a term of three years.

(b) *Fourth District.*—The Speaker announced that the next order of business would be the election of a councilor for the fourth district.

Dewey Powell of San Joaquin nominated Fred R. DeLappe of Modesto as councilor for the fourth district; such nomination was seconded by R. S. Hiatt of Stanislaus. Henry J. Ullmann moved that the nominations be closed and that the secretary be instructed to cast the ballot for Fred R. DeLappe; such motion was seconded by T. Henshaw Kelly, and carried.

The secretary cast the unanimous ballot of the House for Fred R. DeLappe, and the Speaker announced the election of Fred R. DeLappe as councilor for the fourth district for a term of three years.

(c) *Seventh District.*—Frank S. Baxter of Oakland nominated O. D. Hamlin of Oakland as councilor for the seventh district; such nomination was seconded by U. S. Abbott of Richmond. T. Henshaw Kelly moved that the nominations be closed and that the secretary be instructed to cast the ballot for O. D. Hamlin; such motion was seconded by Henry J. Ullmann of Santa Barbara, and carried.

The secretary cast the unanimous ballot of the House for O. D. Hamlin, and the Speaker announced the election of O. D. Hamlin as councilor for the seventh district for a term of three years.

5. *Councilors-at-Large.*—The Speaker stated that the next order of business was the election of councilors-at-large to fill the vacancies caused by the expiration of the terms of George G. Hunter and Joseph Catton; and the election of a councilor-at-large to fill the unexpired term of George G. Reinle, resigned.

Carl R. Howson of Los Angeles nominated George G. Hunter of Los Angeles as councilor-at-large to succeed himself; such nomination was seconded by Harry H. Wilson of Los Angeles. O. D. Hamlin of Oakland moved that the nominations be closed and that the secretary be instructed to cast the ballot for George G. Hunter; such motion was duly seconded, and carried.

The secretary cast the unanimous ballot of the House for George G. Hunter, and the Speaker announced the election of George G. Hunter as councilor-at-large for a term of three years.

Alson R. Kilgore of San Francisco nominated Morton R. Gibbons of San Francisco as councilor-at-large to succeed Joseph Catton; such nomination was seconded by Joseph M. King of Los Angeles. T. Henshaw Kelly moved that the nomination be closed and that the secretary be instructed to cast the ballot for Morton R. Gibbons; such motion was seconded by Henry J. Ullmann, and carried.

The secretary cast the unanimous ballot of the House, and the Speaker announced the election of Morton R. Gibbons as councilor-at-large for a term of three years.

The Speaker stated that nominations were in order to fill the unexpired term of Doctor Reinle.

A. M. Meads of Oakland nominated Junius B. Harris of Sacramento as councilor-at-large to fill the unexpired term of Doctor Reinle; such nomination was seconded by Clarence G. Toland of Los Angeles. Robert A. Peers of Colfax moved that the nomination

be closed and that the secretary be instructed to cast the ballot for Junius B. Harris; such motion was duly seconded, and carried.

The secretary cast the ballot and the Speaker announced the election of Junius B. Harris as councilor-at-large for the unexpired term of George G. Reinle, term expiring 1934.

* * *

VI. *Election of Delegates and Alternates to the American Medical Association.*—The Speaker stated that nominations for delegates and alternates to the American Medical Association for the sessions of 1933 and 1934 were in order.

(a) Alson R. Kilgore of San Francisco nominated Charles A. Dukes of Oakland as delegate to the American Medical Association for the sessions of 1933 and 1934; such nomination was seconded by T. Henshaw Kelly of San Francisco.

Henry J. Ullmann of Santa Barbara moved that the nominations be closed and the secretary cast the ballot for Doctor Dukes; such motion was seconded by T. Henshaw Kelly of San Francisco, and carried.

The secretary cast the ballot and the Speaker announced the election of Charles A. Dukes of Oakland as delegate to the American Medical Association for the sessions of 1933 and 1934.

(b) T. Henshaw Kelly nominated LeRoy Brooks of San Francisco as alternate to Charles A. Dukes of Oakland to the American Medical Association for the sessions of 1933 and 1934; such nomination was duly seconded. N. B. See, also, later action of House of Delegates.)

Henry J. Ullmann of Santa Barbara moved that the nominations be closed and that the secretary be instructed to cast the ballot for Doctor Brooks; such motion was duly seconded, and carried.

The secretary cast the ballot and the Speaker announced the election of LeRoy Brooks of San Francisco as alternate to Charles A. Dukes for the American Medical Association sessions of 1933 and 1934. (N. B. See, also, later action of House of Delegates.)

(c) William R. Molony of Los Angeles nominated Carl R. Howson of Los Angeles as delegate to the American Medical Association for the sessions of 1933 and 1934; such nomination was seconded by George G. Hunter of Los Angeles.

Henry J. Ullmann of Santa Barbara moved that the nominations be closed and that the secretary be instructed to cast the ballot for Doctor Howson; such motion was seconded by T. Henshaw Kelly of San Francisco, and carried.

The secretary cast the ballot and the Speaker announced the election of Carl R. Howson of Los Angeles as delegate to the American Medical Association for the sessions of 1933 and 1934.

(d) T. C. Myers of Los Angeles nominated Charles D. Lockwood of Pasadena as alternate to Carl R. Howson of Los Angeles to the American Medical Association for the sessions of 1933 and 1934; such nomination was duly seconded.

Henry J. Ullmann of Santa Barbara moved that the nominations be closed and the secretary cast the ballot; such motion was duly seconded, and carried.

The secretary cast the ballot and the Speaker announced the election of Charles D. Lockwood as alternate to Carl R. Howson for the American Medical Association for the sessions of 1933 and 1934.

(e) Karl Schaupp of San Francisco nominated Junius B. Harris of Sacramento as delegate to the American Medical Association for the sessions of 1933 and 1934; such nomination was seconded by William Duffield of Los Angeles.

O. D. Hamlin of Oakland moved that the nominations be closed and that the secretary be instructed to cast the ballot; such motion was seconded by Karl Schaupp of San Francisco, and carried.

The secretary cast the ballot and the Speaker announced the election of Junius B. Harris as delegate to the American Medical Association for the sessions of 1933 and 1934.

(f) Cecil M. Burchfiel of San Jose nominated John Hunt Shephard of San Jose as alternate to Junius B. Harris of Sacramento to the American Medical Association for the sessions of 1933 and 1934; such nomination was seconded by Alfred L. Phillips of Santa Cruz.

Joseph M. King of Los Angeles moved that the nominations be closed and that the secretary be instructed to cast the ballot for Doctor Shephard; such motion was seconded by C. G. Toland of Los Angeles and carried.

The secretary cast the ballot and the Speaker announced the election of John Hunt Shephard as alternate to Junius B. Harris for the American Medical Association sessions of 1933 and 1934.

(g) Carl R. Howson of Los Angeles nominated William R. Molony as delegate to the American Medical Association for the sessions of 1933 and 1934; such nomination was duly seconded.

F. C. E. Mattison moved that the nominations be closed and that the secretary be instructed to cast the ballot for Doctor Molony; such motion was duly seconded and carried.

The secretary cast the ballot and the Speaker announced the election of William R. Molony as delegate to the American Medical Association for the sessions of 1933 and 1934.

(h) Phillip Stephens of Los Angeles nominated John C. Ruddock of Los Angeles as alternate to William R. Molony of Los Angeles to the American Medical Association for the sessions of 1933 and 1934; such nomination was seconded by Charles T. Sturgeon.

Clarence G. Toland of Los Angeles moved that the nominations be closed and that the secretary be instructed to cast the ballot for Doctor Ruddock; such motion was duly seconded and carried.

The secretary cast the ballot and the Speaker announced the election of John C. Ruddock as alternate to William R. Molony for the American Medical Association sessions of 1933 and 1934.

(i) It was pointed out that LeRoy Brooks of San Francisco, who had been elected at this meeting of the House of Delegates as alternate to Charles A. Dukes, was serving as alternate to Dudley Smith of Oakland by virtue of election at the 1930 House of Delegates.

Alson R. Kilgore of San Francisco moved for reconsideration of the action on the election of LeRoy Brooks as alternate to Charles A. Dukes for the American Medical Association sessions of 1933 and 1934; such motion was duly seconded and unanimously carried.

George H. Kress of Los Angeles nominated Harry H. Wilson of Los Angeles as alternate to Charles A. Dukes of Oakland for the American Medical Association sessions of 1933 and 1934; such nomination was duly seconded.

T. Henshaw Kelly moved that the nominations be closed and the secretary be instructed to cast the ballot for Doctor Wilson; such motion was duly seconded and carried.

The secretary cast the ballot and the Speaker announced the election of Harry H. Wilson of Los Angeles as alternate to Charles A. Dukes of Oakland for the American Medical Association sessions of 1933 and 1934.

* * *

VII. Report of Reference Committee on Reports of Officers and Standing Committees.—The Speaker stated that in the absence of the chairman of Reference Committee No. 1, the report would be presented by Alson R. Kilgore of San Francisco, member of the committee. Doctor Kilgore then presented the following report:

To the Speaker and the House of Delegates:

Your Reference Committee has carefully considered the reports of officers and standing committees of the California Medical Association referred to it and is ready to present its report.

Report of the President.—The president's report to the House of Delegates should be supplemented by his address to the members at the first general session.

We are impressed by the scope of the excellent work that has been accomplished during the past year and the cooperation of all members with cheerful optimism. This condition can only prevail if the leader is willing to fill the rôle of leader with kindness, fairness and firmness. Doctor Harris has done this. The fact of his residence at the State Capital is of immense value to this Association. Besides the gilded dome protecting and shining down on us from the capitol building, we may well feel that we have another gilded dome surmounting all the fine qualities a gentleman and member of our profession should possess, who will continue in the future, as in the past, with unlimited energy to do all that can be accomplished for scientific medicine.

May the thatch on this golden dome never become thin or lose its priceless luster.

I herewith move the adoption of the president's report. Said motion was duly seconded and unanimously carried.

Report of the President-elect.—We are distressed to hear from Doctor King of indifferent health and we appreciate his broadness and fairness in offering to resign. The House of Delegates has again unanimously expressed its desire that Doctor King serve as president. This carries with it on the part of all of the members of the Association an obligation to aid and assist Doctor King in all the functions of his office, thus not making his term a burden but a pleasure and satisfaction in all its relations,—that with his splendid ability he may serve us during another year of progress.

I move at this time the House of Delegates pledge to Doctor King their loyalty and assistance during his term of office. Said motion was duly seconded and unanimously carried.

Report of the Secretary-Treasurer.—The report of the secretary-treasurer is a complete and illuminating one. Your committee finds no other comment to make upon it.

I move its adoption. Said motion was duly seconded and unanimously carried.

Report of the Auditing Committee.—The auditor's report is comprehensive, complete, and its accuracy attested by certified public accountant. We heartily endorse that part of the Auditing Committee report which anticipates a survey of expenditures in all departments which contemplates the handling of affairs of the Association with the greatest economy.

I move the adoption of the report of the Auditing Committee. Said motion was duly seconded and unanimously carried.

Report of the Editor.—The editor's report needs very little comment in that it is so comprehensive to those who may read. The problems are best known by the editor himself and anything that we could add toward the solution of the problems he presents would be of little value. We feel that the solution of these questions may be left to the Council and the editor to be worked out.

Report of the Council.—The report is comprehensive and needs only slight discussion.

We agree that the annual dues for 1933 should be \$10 and so recommend.

We have considered this in connection with the auditor's report and the proposed budget.

We agree to and endorse the action of the Council at the present time in not recommending the establishment of a Physical-Therapy Section; however, as time goes on, realizing the diversity of its use and its importance, we hope with changed conditions, it may meet with favorable consideration.

I move for the adoption of the report of the Council. Said motion was duly seconded and unanimously carried.

Reports of Councilors.—The work of the district councilors and councilors-at-large appear in order and indicate that each of them is working to accomplishment of the functions of his office in a manner helpful and satisfactory to the membership.

I move the adoption of the reports of the councilors.

Legal Department.—As usual the report of this department is very satisfactory. We feel it again the pleasure and duty of this committee to commend our General Counsel Peart and Associate Counsel Morrow for their courtesy and the efficient work they are doing in their different positions of steering our craft through the troubled waters of legal problems.

Standing Committees.—In regard to the reports of the standing committees, each one is so self-explanatory that further comment on the part of this committee would offer little of additional value.

As to the suggestions made in these reports, we are heartily in accord.

I move the adoption of the reports of the Committees on Associated Societies and Technical Groups, on Extension Lectures, on Health and Public Instruction, on History and Obituaries; Hospitals, Dispensaries and Clinics; Industrial Practice, Medical Defense, Medical Economics, Medical Education and Medical Institutions, Membership and Organization, Publications, Public Policy and Legislation, and Scientific Work and the Cancer Commission. Said motion was seconded and unanimously carried.

In commenting on the report of the Department of Public Relations, this Department is only in its infancy, and we look forward to the development of its activities under the wise direction of the Council to increasingly important and useful service by this new department to this Association, its component county medical societies and its individual members.

I move for the adoption of the report. Said motion was duly seconded and unanimously carried.

Respectfully submitted,

Percy T. Phillips, *Chairman*,
Alson R. Kilgore,
Harry H. Wilson.

Alson R. Kilgore then moved for the adoption of the report of the Reference Committee on Reports of Officers and Standing Committees as a whole; such motion was seconded by William C. Voorsanger of San Francisco, and unanimously carried.

VIII. Report of the Reference Committee on Resolutions and New and Miscellaneous Business.—The Speaker stated that the report of the Reference Committee, No. 2, on Resolutions and New and Miscellaneous Business would be presented by William R. Molony of Los Angeles, chairman of the committee. Doctor Molony then presented the following report:

To the Speaker and House of Delegates:

(a) **Resolution No. 1,** Amendment to Public Relations.**—William R. Molony moved that the resolution regarding the Department of Public Relations as amended by Reference Committee, No. 2, be adopted; such motion was seconded by Karl Schaupp of San Francisco, Doctors Robert R. Newell of San Francisco, William C. Voorsanger of San Francisco, T. Henshaw Kelly of San Francisco, Daniel Crosby of Oakland, Carl R. Howson of Los Angeles, and John H. Graves of San Francisco addressed the House on the merits of the resolution.

A vote was then taken on the motion. Carried.

(b) **Resolution No. 2,** Amendment to the By-Laws, Chapter V, Section 8.**—William R. Molony of Los Angeles moved that the amendment be adopted; such motion was seconded by Charles Lockwood of Pasadena, and unanimously carried. The Speaker thereupon declared the By-Laws amended accordingly.

(c) **Resolution No. 3,** Survey of Association Expenditures.**—William R. Molony of Los Angeles moved for the adoption of this resolution; such motion was duly seconded, and carried. Doctor Molony then stated that since the sense of Resolution No. 8, Salaries of Employees, was embodied in this resolution the two resolutions were incorporated in Resolution No. 3.

* Resolutions are here inserted in proper number sequence in relation to first House of Delegates meeting for clarity and to simplify future reference, although they were not so presented by the committee.

** See first meeting of House of Delegates for resolutions and amendments thereto, except resolutions introduced for first time at second meeting of House of Delegates.

(d) **Resolution No. 4,** Amendment to Constitution, Article VII, Sections 1 and 8.**—William R. Molony of Los Angeles moved that this resolution to amend and amendment to, the Constitution having been duly presented and filed with the secretary, be published twice in separate issues of CALIFORNIA AND WESTERN MEDICINE, the official journal of the Association, prior to the next regular annual session of the House of Delegates and be submitted to, and considered by, the House of Delegates at such next regular session.

(e) **Resolution No. 5,** Amendment to the By-Laws, Chapter V, Section 10.**—William R. Molony moved for the adoption of this amendment; such motion was duly seconded and unanimously carried. The Speaker thereupon declared the By-Laws amended accordingly.

(f) **Resolution No. 6,** Amendment to By-Laws, Chapter VI, Section 8.**—William R. Molony moved for the adoption of this amendment; such motion was duly seconded and unanimously carried. The Speaker thereupon declared the By-Laws amended accordingly.

(g) **Resolution No. 7,** Amendment to the Constitution, Article XII, Section 2.**—William R. Molony moved that this resolution to amend and amendment to, the Constitution having been duly presented and filed with the secretary, be published twice in separate issues of CALIFORNIA AND WESTERN MEDICINE, the official journal of the Association, prior to the next regular annual session of the House of Delegates and be submitted to, and considered by, the House of Delegates at such next regular session.

(h) **Resolution No. 8, Salaries of Employees.**—(Incorporated in Resolution No. 3.)

(i) **Resolution No. 9,** Amendment to the By-Laws, Chapter IV, Section 4.**—William R. Molony moved for the adoption of this amendment; such motion was duly seconded and unanimously carried. The Speaker thereupon declared the By-Laws amended accordingly.

(j) **Resolution No. 10, Digests of Medico-Legal Decisions.**—William R. Molony moved for the adoption of this resolution as amended by the committee; such motion was duly seconded and unanimously carried.

(k) **Resolution No. 11,† Chairman of Committee on Public Relations to Be Invited to Meetings of Council and Executive Committee.**—William R. Molony then read the following resolution offered by the Committee on Resolutions and New and Miscellaneous Business:

In view of the fact that the amendments to the Constitution introduced at the first session of the House of Delegates providing for the addition to the Council and the Executive Committee of the chairman of the Committee on Public Relations, cannot under the Constitution be acted upon or adopted until the next annual session of the House of Delegates, the committee recommends the adoption of the following resolution:

Resolved, That it is the sense of the House of Delegates and it so recommends to the Council and to the Executive Committee that the Council invite the chairman of the Committee on Public Relations, and that the Executive Committee invite said chairman, to attend all meetings of each of said bodies respectively throughout the intervening year with the right to address and bring to the attention of each thereof matters pertaining to the Department of Public Relations.

William R. Molony then moved for the adoption of this resolution; such motion was seconded by Carl Howson and carried.

(l) **Resolution No. 12,† Amendment to Article X, Section 1 of the Constitution.**—William R. Molony then presented the following resolution to amend and amendment to, the Constitution, Article X, Section 1:

Resolved, That the Constitution, Article X, Section 1, thereof, be amended to read as follows:

Article X

Section 1, Officers.—The officers of the Association shall be a President, a President-elect, a Secretary-Treasurer, a Speaker of the House of Delegates, a Vice-Speaker of the House of Delegates, an Editor, a Chairman of the Committee on Public Relations, and

† Offered by committee to clarify and coordinate amendments to Constitution and By-Laws.

fifteen Councilors (six of the fifteen Councilors being elected as at large and nine from Councilor Districts as herein provided.)

William R. Molony then filed said amendment with the secretary and moved that this amendment to the Constitution having been duly presented and filed with the secretary, be published twice in separate issues of CALIFORNIA AND WESTERN MEDICINE, the official journal of the Association, prior to the next regular annual session of the House of Delegates and be submitted to, and considered by, the House of Delegates at such next regular session. Said motion was duly seconded and unanimously carried.

(m) *Resolution No. 13,† Amendment to the Constitution, Article X, Section 4.*—William R. Molony then presented the following resolution to amend and amendment to, the Constitution, Article X, Section 4:

Resolved, That the Constitution, Article X, Section 4, thereof, be amended to read as follows:

Article X

Section 4. Officers as Ex Officio Members of the Council.—The President, President-elect, Speaker of the House of Delegates and Chairman of the Committee on Public Relations shall be ex officio members of the Council with all the rights of Councilors.

The Secretary-Treasurer and the Editor shall also be ex officio members of the Council, but shall not have the right to vote; provided, that a Secretary-Treasurer or an Editor who is not a member of the Association shall not be an ex officio officer of the Council.

William R. Molony then filed said amendment with the secretary and moved that this amendment to the Constitution having been duly presented and filed with the secretary, be published twice in separate issues of CALIFORNIA AND WESTERN MEDICINE, the official journal of the Association, prior to the next regular annual session of the House of Delegates and be submitted to, and considered by, the House of Delegates at such next regular session. Said motion was duly seconded and unanimously carried.

(n) *Resolution No. 14,† Amendment to the Constitution, Article X, Section 15.*—William R. Molony then presented the following resolution to amend and amendment to, the Constitution, Article X, Section 15:

Resolved, That the Constitution, Article X thereof, be amended by adding a new section thereto to be numbered Section 15, and reading as follows:

Section 15. Committee on Public Relations.—The House of Delegates shall create and establish a Committee on Public Relations. The powers, duties, and functions of the said committee shall be prescribed and fixed by the By-Laws. Said committee shall hold its annual organization meeting as soon as convenient after the adjournment of the regular annual sessions of the House of Delegates and shall at such meeting elect a chairman to serve for the term of one year and until his successor is elected and assumes office. The chairman of said committee shall be an officer of the Association and ex officio a member of the Council with all the rights of a councilor.

William R. Molony then filed said amendment with the secretary and moved that this amendment to the Constitution having been duly presented and filed with the secretary, be published twice in separate issues of CALIFORNIA AND WESTERN MEDICINE, the official journal of the Association, prior to the next regular annual session of the House of Delegates and be submitted to, and considered by, the House of Delegates at such next regular session. Said motion was duly seconded and unanimously carried.

Respectfully submitted,

William R. Molony, *Chairman*,
Irving S. Ingber,
Benjamin W. Black.

Henry J. Ullmann then moved for the adoption as a whole of the report of the Reference Committee No. 2, Resolutions and New and Miscellaneous Business. Such motion was seconded by John C. Ruddock of Los Angeles and unanimously carried.

* * *

IX. *Standing Committees.**—The Speaker stated that the next order of business would be the submission of names of new members appointed to the standing committees of the California Medical Association for approval by the House of Delegates. The Speaker then presented the names of all committee-men as follows:

Committee on Associated Societies and Technical Groups:
William H. Geistweit.....San Diego 1933
R. Manning Clarke.....Los Angeles 1934
Clifford Sweet.....Oakland 1935

Committee on Extension Lectures:
J. Homer Woolsey.....San Francisco 1933
Robert T. Legge.....Berkeley 1934
James F. Churchill.....San Diego 1935
Secretary, ex officio

Committee on Health and Public Instruction:
W. R. P. Clark.....San Francisco 1933
Langley Porter.....San Francisco 1934
Fred B. Clarke.....Long Beach 1935

Committee on History and Obituaries:
Emmet Rixford.....San Francisco 1933
George D. Lyman.....San Francisco 1934
Charles D. Ball.....Santa Ana 1935
Secretary, ex officio
Editor, ex officio

Committee on Hospitals, Dispensaries and Clinics:
Wallace Dodge.....Los Angeles 1933
Karl L. Schaupp.....San Francisco 1934
John C. Ruddock.....Los Angeles 1935

Committee on Industrial Practice:
Mott H. Arnold.....San Diego 1933
Daniel Crosby.....Oakland 1934
Morton R. Gibbons.....San Francisco 1935

Committee on Medical Defense:
Fred R. DeLappe.....Modesto 1933
Henry Shure, Sr.....Los Angeles 1934
George G. Reinle.....Oakland 1935

Committee on Medical Economics:
Daniel Crosby.....Oakland 1933
Lyell C. Kinney.....San Diego 1934
John H. Graves.....San Francisco 1935

Committee on Membership and Organization:
Jesse W. Barnes.....Stockton 1933
LeRoy Brooks.....San Francisco 1934
Harry Wilson.....Los Angeles 1935
Secretary, ex officio

Committee on Publications:
Frederick F. Gundrum.....Sacramento 1933
Percy T. Magan.....Los Angeles 1934
Ruggles A. Cushman.....Santa Ana 1935
Secretary, ex officio
Editor, ex officio

Committee on Public Policy and Legislation:
Joseph Catton.....San Francisco 1933
William Duffield.....Los Angeles 1934
Junius B. Harris.....Sacramento 1935
President, ex officio
President-elect, ex officio

Committee on Scientific work:
F. M. Pottenger.....Monrovia 1933
Lemuel P. Adams.....Oakland 1934
John Homer Woolsey.....San Francisco 1935

Secretary of Section on General Medicine, ex officio
Secretary of Section on General Surgery, ex officio
Secretary of California Medical Association, ex officio,
(chairman)

Committee on Medical Education and Medical Institutions:
George G. Hunter.....Los Angeles 1933
H. A. L. Ryfkogel.....San Francisco 1934
George Dock.....Pasadena 1935

Committee on Clinical and Research Prizes:
George Dock.....Pasadena 1933
Eugene Kilgore.....San Francisco 1934
Arthur L. Bloomfield.....San Francisco 1935

Cancer Commission:
Harold Brunn.....San Francisco 1933
Henry J. Ullmann.....Santa Barbara 1933
Clarence G. Toland.....Los Angeles 1933
Charles A. Dukes, chairman.....Oakland 1934
Lyell C. Kinney, vice-chairman.....San Diego 1934
Aison R. Kilgore, secretary.....San Francisco 1934
William Ophils.....San Francisco 1935
Orville Meland.....Los Angeles 1935
A. Herman Zeller.....Los Angeles 1935

* The Committee on Public Relations is not printed in this list because it has not yet organized for the coming year.

† Offered by committee to clarify and coördinate amendments to Constitution and By-Laws.

Robert V. Day of Los Angeles moved that the elections to standing committees as made by the Council be approved by the House of Delegates; such motion was seconded by Charles T. Sturgeon and unanimously carried.

X. Resolution of Appreciation.—T. Henshaw Kelly of San Francisco presented the following resolution:

Two years as chairman of the Arrangements Committee at Del Monte and San Francisco have just passed and two years of this entitles me to pass an expert opinion upon the success of an annual session of the California Medical Association and aside from the personal note introduced by the two preceding remarks, the members of the California Medical Association have enjoyed an unusual session, superlatively characterized by thoughtful arrangements and consideration of their interests, comfort and pastimes. Therefore, be it

Resolved, That the House of Delegates, speaking for the California Medical Association, extend to the Committee on Arrangements and to the Woman's Auxiliary of the California Medical Association, its thanks and deep appreciation for the work and accomplishments which have resulted in an annual session not to be forgotten by any of those who attended and that future Committees on Arrangements be instructed to take this session as a pattern around which they shall cut, and that the management of the Hotel Huntington be thanked for its unfailing courtesy and assiduous attention to the welfare of the members of the California Medical Association, which have been such that there will be a persisting temptation to them to return.

T. Henshaw Kelly then moved for the adoption of the foregoing resolution; such motion was seconded by Robert R. Newell of San Francisco and unanimously carried.

The chairman of the Arrangements Committee then expressed the appreciation of the Association for the aid given by the Woman's Auxiliary in making the 1932 annual session a successful meeting.

XI. Presentation of the Incoming President.—Junius B. Harris and Clarence G. Toland were delegated to escort the incoming president, Joseph M. King of Los Angeles, to the platform. The Speaker introduced the incoming president to the members of the House of Delegates. Doctor King then addressed the House, expressing his appreciation of the honor bestowed upon him.

XII. Speech of Retiring President.—The Speaker then called upon the retiring president, Junius B. Harris. Doctor Harris expressed his appreciation of the coöperation of members of the Association during his term of office, and mentioned the pleasure he had derived from his duties.

XIII. Presentation of President-Elect.—George G. Reinle of Oakland, president-elect, was then introduced to the House by the Speaker. Doctor Reinle thanked the members for the honor conferred by the Association in his election as president-elect.

XIV. Approval of Minutes.—The Speaker stated that the minutes of this session could be read at this time or, if the House so ordered, a special committee could be appointed to review the same.

Karl L. Schaupp then moved that the approval of minutes be referred to a special committee consisting of the president of the Association, the Speaker of the House and the general counsel; such motion was seconded by George G. Hunter and unanimously carried.

XV. Adjournment.—There being no further business, the meeting adjourned.

EDWARD M. PALLETTE, *Speaker*.
EMMA W. POPE, *Secretary*.

REPORTS OF OFFICERS*

REPORT OF PRESIDENT-ELECT

To the President and House of Delegates:

The president-elect has attended nearly all the meetings during the year of the committees of which he is ex officio a member, and has made an earnest effort to acquaint himself with the wishes of the membership and the needs of the Association.

Respectfully submitted,
Joseph M. King, *President-Elect*.

REPORT OF THE SPEAKER OF THE HOUSE OF DELEGATES

To the President and House of Delegates:

As in the past, and as provided in the Constitution, there will be two meetings of the House of Delegates during the convention. These will be on Monday and Wednesday evening at eight o'clock. As there is a great deal of business to be transacted, and as these meetings are of necessity long and perhaps at times tedious, all delegates and alternates are urged to be prompt in attendance and to be in their seats at eight o'clock. The speaker desires to thank all delegates and alternates and members of committees for their cordial coöperation and efficient work in the past and to assure them that his only desire is to preside in an impartial and expeditious manner. All members of the Association are invited to attend the meetings of the House of Delegates as visitors.

Respectfully submitted,
E. M. Pallette, *Speaker*.

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

San Diego, Riverside, Orange, and Imperial Counties

To the President and House of Delegates:

The condition of the county medical societies in this district has shown an active improvement during the past year. New men have been admitted, and an effort is being made to increase the membership by getting in direct contact with men and women who are not at the present time members of the Association.

The financial condition of all of the societies has improved, and very few members have felt the necessity of dropping their memberships due to the present conditions.

There seems to be an unusually friendly feeling toward members in the various societies. Regular meetings are held, with occasional dinners preceding the meetings, at which time out-of-town speakers are the guests of the societies. I believe that the members are taking more active interest in their societies and in matters pertaining to the medical profession which are of an economic and legislative nature than in times past.

Respectfully submitted,
Mott H. Arnold, *Councilor*,
First District.

SECOND COUNCILOR DISTRICT

Los Angeles County

To the President and House of Delegates:

The councilor from the Second District feels that the membership in this district is aroused to the necessity of a firmer union among the physicians and surgeons, as manifested in the increase in membership and a decrease in delinquencies as appears in the following statistical summary given by Dr. H. H. Wilson, secretary-treasurer of the Los Angeles County Medical Association.

At the close of 1931 there were 2,010 members of whom 1,927 were paid memberships. There were

* These reports of officers, which were printed in the "Pre-Convention Bulletin" for the information of members of the House of Delegates, are here reprinted as an appendix to the minutes of the House of Delegates.

twenty-nine honorary members, twenty members were on leave, and fifteen were in military service. There were twenty-three reinstatements. The delinquency list for 1932 at this date is proportionately less than it was in 1931.

A striking fact is that the members of sections and branches are prompter in payment of dues than the residents of Los Angeles not affiliated with sections.

Doctor Wilson presents an interesting statement in the growth of the membership of this association, tabulated as follows:

	Members
1919.....	749
1920.....	898
1921.....	1036
1922.....	1235
1923.....	1317
1924.....	1453
1925.....	1549
1926.....	1590
1927.....	1674
1928.....	1726
1929.....	1851
1930.....	1904
1931.....	2010

This is of course gratifying, but the state register shows 3,784 registered physicians and surgeons in Los Angeles County as of March 1931, and it is reasonable to assume that a very considerable number of those nonmembers of the association are eligible and should be affiliated. It is very probable that certain requirements are to be modified which will result in a further and rapid increase in membership.

One of the most gratifying phases of the situation in Los Angeles County is the stimulated interest in medical organization by the younger element of the profession. During the past few years many unusually earnest and well-poised men have come into active parts in the economic and ethical governing side of the association. This interest is spreading, and high standards of self-sacrificing effort are constantly manifest.

It is to be noted that the scientific programs, particularly those given by the sections, are outstanding. Few county associations, outside of great medical centers, present programs of such variety and excellence. A perusal of almost any copy of the Bulletin will substantiate this statement.

Our affiliations with allied professions are intimate and valuable. The coalitions for the better functioning of these affiliations are well founded, with an assurance for the closest cooperation for mutual benefit.

The Woman's Auxiliary in this district has demonstrated its value to its members and to the county association, thus confirming the judgment of its founders and promoters. The field of its usefulness will extend as time goes on and as experience shows where and how it may do a greater and better work. This organization deserves every encouragement and assistance that can be given by the state and county medical societies.

Respectfully submitted,

William Duffield, *Councilor,*
Second District.

THIRD COUNCILOR DISTRICT

Kern, San Bernardino, San Luis Obispo, Santa Barbara and Ventura Counties

To the President and House of Delegates:

I herewith submit report of councilor of Third District:

Councilor visits have been made to each of the component county societies and without exception it was found that meetings were being regularly held, with frequent guest speakers. Not only was interest in local economic and health problems being shown, but many questions were asked in regard to the policy of the State Association, especially regarding the Committee on Public Relations and the Cancer Commission. A cancer clinic has been started in the Ventura County Hospital, and is functioning very well.

Respectfully submitted,

H. J. Ullmann, *Councilor,*
Third District.

FOURTH COUNCILOR DISTRICT

Calaveras, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, and Tuolumne Counties

To the President and House of Delegates:

Each organized society in the district was visited during the fiscal year. It was suggested that each society have a county hospital committee to contact the board of supervisors and health units of their respective counties regarding medical matters. Reference was made to the Alameda and San Diego plans, but it was also suggested that, in order to get disinterested advice for both sides, they select only members who were not holding positions or desirous of securing such positions. A public relations committee was also advised.

All county societies in the district are active and alert to medical and economic conditions and therefore show more unity of action. Meetings were well attended; good programs are given by local men about once every year. Other programs are furnished by outstanding men from the various medical centers in the State. Merced County Society still maintains the highest ratio of members to number of licentiates. Tulare County Society membership should be increased. It was suggested that they appoint an active membership committee to solicit licentiates who, by educational, professional and social attainments, would be valuable additions to the organization.

In Inyo, Kings, Mariposa, and Mono counties there are no organized societies. Of the twenty-six licentiates in these counties, fourteen maintain membership in adjacent medical societies.

The Cancer Commission was responsible for meetings in Tulare, Fresno, and San Joaquin counties and a joint meeting at Modesto of Stanislaus, Merced, and Tuolumne counties.

Respectfully submitted,

Fred R. DeLappe, *Councilor,*
Fourth District.

FIFTH COUNCILOR DISTRICT

Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties

To the President and House of Delegates:

I respectfully submit the following report as councilor of the Fifth District:

San Mateo County.—At a meeting held at the Benjamin Franklin Hotel on the evening of March 30, Dr. W. M. Dickie gave a talk on the organization of county health departments. This subject is vitally important at the present time, as San Mateo County is preparing a new charter and the County Society is taking an active part in the preparation of that portion relating to public health administration. Dr. W. P. Shepard of the Metropolitan Life Insurance Company, also a guest at the meeting, brought out some important points on this subject.

Santa Clara County.—Regular monthly meetings are usually held in the Medico-Dental Building at San Jose. Interesting programs have been prepared. At a meeting held at the Santa Clara County Hospital February 17, Dr. Charles Dukes spoke on the "Work of the California State Cancer Commission." An opportunity was given the members to inspect the new service building of the hospital, which is the last word in completeness.

Monterey County.—Regular monthly meetings have been held for the most part at the San Carlos Hotel, Monterey. The attendance has been good. At the meeting of February 5, Dr. A. R. Kilgore gave a brief talk on the organization and objects of the newly formed Cancer Commission. Dr. Edwin L. Bruck then gave an interesting and instructive paper on "Pneumonia."

Santa Cruz County.—But three meetings were held during the year, and although good programs were arranged the attendance was only fair. Dr. O. C. Marshall, the new president, has arranged for monthly meetings for the coming year, and it is hoped that more interest will be shown in the society.

San Benito County.—A notice was sent to the secretary requesting that I be notified of their meeting dates. No reply was received.

Respectfully submitted,

A. L. Phillips, *Councilor,*
Fifth District.

SIXTH COUNCILOR DISTRICT

San Francisco County

To the President and House of Delegates:

The Sixth Councilor District at the present time is in very good condition.

During the past year the most noteworthy step has been the formation of a section on Medical Problems and Public Relations. This section meets on the second Wednesday of the month, which is not the regular meeting night, giving everyone interested the opportunity to attend. At these meetings the problems that are presented are assigned to committees for study and report. When such reports are made, the recommendation is passed on to the board of directors of the county society for such action as they may care to take. This plan insures thorough study and understanding of the questions which have so often not been acted upon because of lack of proper information.

The selection of Dr. J. C. Geiger to the position of director of public health, made vacant by the death of Dr. William C. Hassler, seems to have been a very fortunate choice both for the community at large and the medical profession in particular. Under our new city charter the old Board of Health has been eliminated and acts now only in an advisory capacity to the director of public health. The director of public health is in complete charge of all the departments of our rather broad health activities.

Doctor Geiger on accepting this position made it clear that he wished to act only after thorough study of each problem, and to this end wished the cooperation and advice of the San Francisco County Medical Society. When major problems have arisen he has asked for a committee of medical men to confer with him and has in this manner brought about the finest cooperation and understanding between his department and the medical profession. We are indeed fortunate in having such a well trained, broad and competent man in charge of our health activities.

The councilor year 1931-1932 began with possibilities of friction and discontent, largely due to misunderstanding. Happily a serious controversy did not arise and at the present time there is probably greater strength in our society than there has ever been. This is due mainly to the efforts of individual members as well as officers of the society to study each question fairly and to cooperate with one another. The future at this time would indicate that we are about to enter upon one of our most successful years.

Respectfully submitted,

Karl L. Schaupp, *Councilor,*
Sixth District.

SEVENTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and House of Delegates:

As councilor of the Seventh District, which comprises Alameda and Contra Costa counties, I wish to make the following report of activities during the year just passed.

The Alameda County Medical Association has had a most interesting and enthusiastic year, with eleven scientific programs, varied and instructive in character, and presented in the main by our own members. A few meetings were devoted entirely to clinics or lectures by visitors of note, including Doctor Haden of the Cleveland Clinic and Doctor Meakins, professor of medicine of McGill University, Montreal. Due consideration has been given in the year's programs to the business side of medicine as well as to malpractice, medical defense and the doctor as an expert witness. There has been a noteworthy increase in interest of

our members in the regular county meetings, and attendance has been unusually good.

The annual meeting of the Western Division of the American College of Surgeons was held in Oakland during this year, our society and its members being in large part responsible for its success.

Thirty-two new members have been added to our list, indicating a healthy growth. It is our purpose—and one in which we have succeeded in fair degree—to induce all young men in medicine to affiliate themselves with us by immediate application for membership, and they are extended all of the courtesies of the society during their probation period.

The association has enlisted the aid of the Woman's Auxiliary in contacting the Parent-Teachers associations in a campaign for the education of laymen, and speakers on medical subjects are being furnished through this organization. The association has given aid and advice to the Oakland Forum in their program of a series of public health lectures. Much has been accomplished in an educational way by the two series of popular lectures given during the fall of 1931 and the spring of this year by outstanding authorities on medical problems of interest to the layman.

The compilation of a history of the Alameda County Medical Association has been undertaken and is about ready for the rewrite workers and the finishing touches.

Our society is proud of the work of a special few of its members along the lines of medical economics, and views with pride the fact that county societies from far distant points in our state are looking to us for light on this important subject.

Recently a meeting was held of the delegates to the annual session of the House of Delegates at which the problems confronting the association were discussed.

Contra Costa County, as will be noted from the reports published in the JOURNAL, holds regular monthly meetings throughout the year except during June, July, and August. Contra Costa is a small county of but forty-one members, although the membership shows a steady increase each year. The meetings are exceptionally well attended. During the past year the society has discussed problems of medical economics, veterans' insurance, use of county hospitals, the work of the county health department in tuberculosis and public health relating to school children.

The scientific programs are well planned, and outstanding doctors from San Francisco, Oakland, and the surrounding communities are invited to present papers for discussion. The Woman's Auxiliary of the society is active in the county, and is often instrumental in planning the social functions which follow the scientific programs.

Respectfully submitted,

O. D. Hamlin, *Councilor.*

EIGHTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, El Dorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties

To the President and House of Delegates:

The report of your councilor for the Eighth District is this year very brief. As stated in the 1931 report, this district is one of magnificent distances covering an area much larger than some of the smaller states. In addition to mileage difficulties, the winter just passed has been the severest in the past two decades. The long period of inclement weather, coming as it did at the time when your councilor had planned his visits to the local county units, prevented his attendance as planned. For these reasons your councilor must confess that he has visited but two of the county units—those of Placer and Sacramento.

So far as can be learned, there has been no serious troubles coming before any of the component units of the California Medical Association, and your councilor has had no problems presented him for advice or decision.

Respectfully submitted,

Robert A. Peers, *Councilor,*
Eighth District.

NINTH COUNCILOR DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa,
Siskiyou, Solano, Sonoma, and Trinity Counties

To the President and House of Delegates:

A brief report of the medical societies' activities in the Ninth Councilor District during the year 1931 is submitted.

During the past year the custom of joint society meetings, inaugurated in 1928, has been continued, thereby increasing interest and attendance at the society gatherings. Napa, Sonoma, Marin, and Solano societies have held two of these joint meetings, gathering for a seven o'clock dinner and social hour, followed by a discussion of important subjects and problems confronting the medical profession.

One entire meeting was devoted to "Medical Economics" at which Dr. J. B. Harris, Dr. Morton Gibbons, Dr. John Graves, and Mr. Peart were the speakers. There was an attendance of sixty-eight members of the county societies present at this meeting; a wonderful attendance, considering the size of the county societies and the distance many of the physicians must travel.

All of the medical societies in this district have been visited during the past year. The attendance and interest shown in the meetings indicates the individual interest that the medical men are taking in the work of their local and state society.

On March 20 a special meeting of the Humboldt County Society was held at the Humboldt Golf and Country Club. The individual members and the society put themselves to considerable inconvenience to hold a medical meeting at three o'clock on a Sunday afternoon so that they could meet our president, Doctor Harris, and myself and cause us the least loss of time in our work.

Humboldt County at the present time has a County Hospital problem which was causing considerable discussion and dissension. We feel that the free discussion of their problem at this meeting will result in the formation of a staff, appointed and controlled by the medical society. A resolution to this effect was unanimously adopted, with the appointment of a committee to interview the county supervisors at an early date.

The Ninth District is large and we find difficulty in ranging our practice to attend both Council and county society meetings, though we are endeavoring to the best of our ability to contact each society.

Respectfully submitted,

Henry S. Rogers, *Councilor,*
Ninth District.

REPORTS OF COUNCILORS-AT-LARGE*

To the President and House of Delegates:

I have visited in the past year but few of the county units in Southern California, but my observation is that there is little change in the status of the medical profession in this part of the State from that existing last year. Nearly all of the physicians whom I have contacted agree that the business depression has affected their economic conditions in the same or greater degree than in business generally. While there is practically the same call for the services of medical men, their incomes have been alarmingly decreased, but I think the members of the medical profession are meeting the situation as well or better than are the merchants.

I find the members of the profession are very much interested in the study of economic conditions and are hoping that the California Medical Association will

assist in solving the difficulties of physicians and surgeons along this line. The physicians with whom I have talked are also much interested in the Public Relations Department of the California Medical Association, hoping that it may be able to work out a happy solution of the intimate relations that should exist between the lay public and members of the medical profession.

Respectfully submitted,

R. A. Cushman, *Councilor-at-Large.*

To the President and House of Delegates:

It has been my privilege to attend all the regular meetings of the Council for the past year and to share proportionately the responsibility for the action of that body.

Individually, and apart from the group work, my interests have largely been a continuation of the effort to secure better conditions in the State Hospital service and more harmonious relations between the medical profession and the Department of Institutions. In furtherance of that effort the president of the Association appointed me a member of an advisory committee to work with the Director of Institutions toward the consummation of this program. We have had several meetings with the director of the department which, I believe, have been of some benefit not only to the institutions and the people of the state, but distinctly helpful to those members of the profession who are interested in this department of medicine.

Your councilor's position in the Association and his membership in this committee have made it possible for much closer and more effective working cooperation with lay organizations who are similarly interested in this humanitarian work than would have been possible for him as a mere unauthorized member of the profession.

Such activities as have been undertaken suggest the great desirability of the coöperation of our committees and special medical groups all along the line with groups of lay people whose inclinations and interests lead them to a somewhat common point of view.

Respectfully submitted,

George G. Hunter, *Councilor-at-Large.*

To the President and House of Delegates:

This councilor-at-large has been impressed most forcibly during the past year by the agitated interest of the profession in the economic problems confronting it and the public and chiefly felt in the burden of costs which illness brings in its train.

In medical groups "shop talk" has been almost superseded by discussion of topics bearing upon the changed and changing aspects of medical practice, and the men are looking commandingly toward organized medicine for some concerted attempt to solve at least some of the problems.

They feel that their organizations should do something, and yet, like all individualists, they are very chary of suggestion and shy quickly from any "entangling alliances" with their professional brethren. The old training is very strong and, while clamoring for some Utopian scheme of collective effort, they tend to decry any tangible plan presented.

It would seem, though, that if organized medicine is not flexible enough to master the situation, lay plans and those of practitioners quick to seize upon the psychological moment to further their own interests, will do much to increase the difficulty of any real solution that will solve any appreciable part of the problem.

The California Medical Association, through its House of Delegates, has committed itself to leadership in this field, and the Department of Public Relations, with a doctor of medicine as its director, and the Cancer Commission, have begun, in the past year, their efforts to maintain a guiding hand in the relations between the public, the physician, and disease.

*The elected members of the Council consist of six councilors-at-large, nine district councilors, each of the latter representing a district or group of counties. These councilors-at-large, as officers, have their official responsibilities. Article XII, Section 3, which provides for a "Pre-Convention Bulletin," states that the bulletin shall contain a report from every officer. To that end the councilors-at-large were requested to send in reports on any matters in which they were interested and which perhaps might be worthy of consideration by the reference committees and House of Delegates.

I, as a councilor, feel that I would not have discharged my obligation to the Association if I did not give short expression to some opinions upon the activity of the Association which have been crystallized by service as chairman of the Executive Committee.

The California Medical Association is no longer only a scientific and deliberative assembly, but has embarked, especially through its Department of Public Relations, upon a course, the successful and timely navigation of which will depend frequently upon the speedy decision and rapid action of those responsible for the individual units of the fleet.

Parliament, the Admiralty, and the naval staff meet only at comparatively infrequent intervals, and it would seem to me that it is about time that we of the Council consider the relinquishment or delegation of some degree of authority and responsibility to permit individual judgment and initiative to function rapidly in time of stress so that they need not be filtered through the often delaying and denaturing deliberations of the Executive Committee or Council while the immediate object of their use has passed out of range or beyond the horizon.

Generally, the routine of no successful business is run by committees or boards of directors, these serving to determine and fix upon broad policies and activities, and individual officers and employees are given the authority and charged with the responsibility of carrying them to successful conclusions.

So I think that every member of the House of Delegates, the Council, and thoughtful members of the California Medical Association should ponder upon the present policy which centers all authority in the Council between meetings of the House of Delegates and which results in the time of the Council and Executive Committee being consumed by the consideration of a ridiculous amount of detail which could be handled perfectly well and much more expeditiously if someone were granted the right to do it.

If the California Medical Association is to succeed in expanding its activities some such delegation of controlled freedom of action must be granted, else the governing body will exhaust itself chopping in the underbrush of detail before it ever puts a saw to the oak of accomplishment.

Careful selection must be made of those to whom we grant this authority and quick replacement must be the penalty for failure, but I think the time has come when we must realize that large activities cannot be managed in detail by committees whose members are scattered throughout the whole state.

For an example of the situation of which I speak, consult the published minutes of any Council or Executive Committee meeting of the past year.

Respectfully submitted,

T. Henshaw Kelly, *Councilor-at-Large*.

To the President and House of Delegates:

I believe we will look back on this year that is just closing as a very important one in the history of the California Medical Association.

There are a number of very important and far-reaching activities that have been started by the Association this year. One is the Cancer Commission, which should do much good in emphasizing to the profession the value of early diagnosis and of proper treatment.

The Department of Public Relations has also started its work in good fashion. A field secretary has been employed to act as director. The profession at large is today showing more interest in these economic problems than at any time in the past ten years. The desirability of a basic science law is becoming more evident each year.

The proposed changes on the Medical Practice Act are also being much discussed.

The lay public, also, is taking an unusual interest in public health questions and is looking more and more to organized medicine to show the way.

We should make an organized effort to get into our county medical societies all physicians who are eligible, especially the younger men. We should try

to educate them to the benefits of organized medicine. Everywhere changes are taking place. It is important that we should be alert as regards the profession of medicine.

Respectfully submitted,

W. H. Kiger, *Councilor-at-Large*.

To the President and House of Delegates:

As all important matters will be thoroughly covered by the reports of the officers and standing committee, I will discuss in my report only one subject—a subject, however, which, in my opinion, is of vital everyday interest to every member of the Association. This subject is the Medical Society of the State of California and Optional Defense.

As former chairman of the Medical Defense Committee, and as an officer of the Alameda County Medical Association, I have come in close contact with the work of the Medical Society of the State of California. I believe that far too many of the Association members are not informed of the very necessary and uniformly efficient and satisfactory service rendered by this suborganization of the Association.

No matter how many insurance policies covering malpractice defense a man may have, nor how good the service of the insurance companies may be, there is always room for and need of the service of the skillful and trained personal attorneys made available by Optional Defense. The cost is so low, compared with the service received when the doctor's reputation and standing are attacked, that I know of no more important work at this time than the bringing of these facts to the attention of our members.

It is recommended that all county societies devote at least one meeting each year to public relations, one to medical defense and the discussion of expert testimony, and one to medical economics and similar problems.

Respectfully submitted,

George G. Reinle, *Councilor-at-Large*.

REPORTS OF STANDING COMMITTEES*

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Executive Group

R. Manning Clarke, Chairman, 1934
Harold A. Thompson, 1932 William Duffield, 1933

To the President and House of Delegates:

I beg to submit the following as the annual report (1931) of the Committee on Associated Societies and Technical Groups:

During the year this committee has had contact with many different groups, all of which have been pleasant, as well as mutually helpful. There are three outstanding groups that have comprised our major contacts.

The Woman's Auxiliary to the California Medical Association has made a splendid start toward perfecting their organization. They are accomplishing great things, when one considers the length of time they have been organized and functioning as a separate body. The only thing I wish to mention in this report is, that there are several counties that are not organized. I believe it would be advantageous to the California Medical Association as well as the Woman's Auxiliary if the Council could take some steps that would make it clear to all that organization is desired in all counties of this state. The character of the opposition in some counties makes it perfectly clear that it is not well understood by those forces opposing the organization, that the California Medical Association is really fostering this movement and wishes it to advance as rapidly as possible.

While on this subject, I am sure that the Council is well aware of the brilliant work that has been done by these good people, and those interested in it. And

*Members of Standing Committees are urged to meet during the annual session and organize for the coming year and to hold at least one regular meeting of their respective committee during the annual session.

it is the belief of my committee that if it is properly fostered and helped it will be a power toward educating the public and assistance at influencing legislation in this state.

The second group on which we wish to report is that of the dietitians. This is a small group in the state; nevertheless it is a field in which there are so many quacks, charlatans, food faddists, etc., that there needs to be a great deal done to clear the field, and standardize the work of this group. There are many earnest workers and splendid minds being bent over this problem. Difficulties are gradually being ironed out, and no doubt something will come of it in due time. It is the desire of those active in this field that the group be properly organized and given a proper status in the Governor's cabinet. Since the group is very small, the financial and other difficulties that have arisen in the way of their organization have seemed a little bit large. However, I believe the problem will ultimately be successfully solved. The needs for regulation in their field is evident. I also believe that it is well worth the attention of the California Medical Association, for there is no other group that can so well foster it, guide and control its activities, as our own.

The third group I wish to mention is that of the dental group. With them we have had many pleasant connections. Joint meetings are being held every year between county societies of dentists and physicians. These result in much mutual benefit and, I believe, greatly increases the moral and political influence that the dentists give us in the legislation which we attempt to put over in the state legislature. It is the belief of our committee that we should do everything we can to strengthen this contact, for their help is invaluable in many ways.

Respectfully submitted,

R. Manning Clarke, *Chairman.*

COMMITTEE ON EXTENSION LECTURES

Executive Group

Robert T. Legge, Chairman, 1934
James F. Churchill, 1932 Robert A. Peers, 1933
The Secretary, ex officio

To the President and House of Delegates:

Your Committee on Extension Lectures herewith present to the California Medical Association their annual report.

We believe the system of securing and listing with our secretary qualified accomplished physicians, members of our Association, who are willing to prepare and read papers before county units, is an excellent one.

We desire at this time, on behalf of the California Medical Association, to thank these members for their contributions and request that they allow their names to remain on our list with such revision of topics as they may determine. May we solicit from the membership other members who desire to offer papers on special problems in medicine or public health and request that they submit their names to the chairman with the title of the subject they are prepared to discuss.

The secretary has on hand a list of moving-picture film organizations who will provide and rent films on subjects of interest to general practitioners and specialists as program material.

The committee desires to request each member of our Association, the faculty of the universities, deans of the medical schools, and secretaries of the medical and public health societies to communicate with the office of the California Medical Association in San Francisco whenever they know of visiting notables in the medical profession who might be available as speakers, advising their names and the topics of their addresses.

Your chairman has conferred with Dean Porter of the University of California Medical School regarding the resolution passed at the two hundredth meeting of the Council, promoting a plan for postgraduate instruction and consultation service, and also the edu-

cation of the public through county medical societies. The initial plan as outlined by this Educational Committee was to provide ten teams, each consisting of a chairman and two colleagues, prominent members of the medical profession, not selected from any particular university or hospital group, who are disposed to serve and give their time when invited by a County Medical Society or Council District, to hold a clinic, deliver a community educational address, and on the evening of that day, following a dinner, present their papers to the members of the County Medical Society which invited them. Each team will be composed of members prepared on a special subject, as for instance, cancer, the team consisting of an internist, a surgeon, and a roentgenologist. A clinic will be established by the County Medical Society at a local hospital, for demonstration of patients, methods of diagnosis, treatment, etc. A prearranged luncheon might be given by one of the service clubs, or an educational meeting at the High School or Town Hall might be given under the auspices of the County Medical Society where one of the members of the team can address the public on public health or some popular medical subject.

The County Medical Society who invites the speakers makes all the necessary arrangements, securing the clinic material, advertising the community health meeting, and the dinner and evening program. The team will receive from the County Medical Society their traveling and other necessary expenses as well as a worthwhile outing. For convenience and the saving of time for the speakers the teams could be recruited from various parts of the state. The bookings will be made through the secretary of the California Medical Association, 450 Sutter Street, San Francisco.

Your committee suggests that the deans of the four regular medical schools in the State of California be persuaded to prepare and arrange one day per year to hold clinics, demonstrations and operations, likewise lectures for members of the medical profession, bringing before the profession the newer developments in medical science. Stanford and the University of Southern California might arrange to hold their clinics in the fall semester, and the University of California and the College of Medical Evangelists at Loma Linda in the spring semester, so that two postgraduate clinics per year could be held in northern and southern parts of the state.

It is suggested that a page in the official journal be devoted to educational and extension service so as to keep the secretaries of the county medical societies, medical schools, hospitals, and allied groups informed, listing thereon the subjects and personnel of the postgraduate teams, extension lectures, scientific moving pictures, program for the month, coming events, conventions, alumni and university clinics, etc. This page could be sent to all interested groups, to be posted on their bulletin boards.

Another important feature of the extension work is the developing of a medical library service closely affiliated with Lane or the University of California Medical libraries, enabling physicians to obtain journals, books, reprints, and bibliographies. The cost of mailing packages both ways and preparing the material would be defrayed by the physician.

Respectfully submitted,

Robert T. Legge, *Chairman.*

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Executive Group

Fred B. Clarke, Chairman, 1932
Henry S. Rogers, 1933 Langley Porter, 1934

Advisory Group

Howard Updegraff, Los Angeles	J. Frank Friesen, Los Angeles
J. Rollin French, Los Angeles	Walter Brown, Palo Alto
Percy T. Magan, Los Angeles	William P. Shepard, San Francisco

To the President and House of Delegates:

The resolution passed by the House of Delegates, creating a Public Relations Department at the meeting of the State Association in San Francisco in 1931,

led the Committee on Health and Public Instruction to believe that their ideas and plans could be best carried out by the Director of the Department of Public Relations.

The following thoughts and suggestions from the Committee on Health and Public Instruction have been presented to the Committee on Public Relations as representative of our ideas of the activities that should be carried out in behalf of this committee.

Radio Broadcasting.—It has been amply demonstrated in the various organizations that radio broadcasting is of a great deal of importance, and we feel that broadcasting could be arranged which would include one of the stations in Los Angeles and one in San Francisco to carry our message to the people.

In this connection I may advise you that for the past nine months the Los Angeles County Medical Association has been broadcasting over KECA and KFI twice a week. When the Publicity Committee of the society contacted these radio stations they were received very courteously, and all the stations in Los Angeles promised to give us time gratis over their stations and these two were chosen out of the entire number.

Press.—Publicity through the press by means of which we feel there is a possibility to change the attitude of the minds of the public and by which we believe that it would be possible to create a better understanding of the problems which confront the medical profession. This type of publicity can only be properly presented by someone experienced in publicity.

Educational Films.—The use of motion pictures in educational work is well recognized and we believe that the cooperation of the various boards of education can be secured, to the end that the health educational films may be exhibited in the various Junior and High schools as well as in the Junior colleges of the state.

Educational Literature.—Literature dealing with the prevention of disease and symptoms pointing to its early recognition can be cheaply distributed to each and every house in the city, and has been amply demonstrated by the harbor branch of the Los Angeles County Medical Association in conjunction with the Long Beach Tuberculosis Association.

A description of this plan was submitted to the House of Delegates at the May 1931 meeting, and a short description of it appeared in the journal of the State Medical Association of six months ago.

We feel that in the publication of *Better Health* the profession have a means of bringing valuable information to the lay reader, and it is our belief that an organized effort to place this well worthwhile journal in each home, especially where there are growing children, could be developed.

Speakers' Bureau.—It is our earnest suggestion that each County Medical Society develop a speakers' bureau, using care in the selection of men and the subjects to be presented, and then make it their business to furnish speakers to the Parent-Teacher Association, women's clubs, service clubs, and commercial organizations. This has been done in a number of instances, and furnishes a means of bringing to the laity many subjects in which they are vitally interested.

Exhibits for Fairs.—It was the hope of the Committee on Health and Public Instruction that exhibits could be developed for the State Fair, as we felt that they would be very valuable indeed from the standpoint of public education, but it has not been possible to carry out our plan submitted to the Council last year in this regard. We feel that such a plan is feasible, well worth while, and wish to call attention to the suggestions made in a report to the Council in May, 1931.

Publicity Through Leaflets.—It is our belief that one of the most important ways of bringing to the largest group of people various facts relating to the preven-

tion of disease, hygiene, etc., would be in the preparation of leaflets of a size so that when folded they can be inserted into envelopes, furnishing them to all the doctors in the state, with the hope and expectation that they are to include these leaflets in all their bills sent out the first of each month.

The preparation of such leaflets is very important and they would be prepared with the end in view that a closer relationship will exist between the patient and the doctor, and with the hope that a greater confidence in the medical profession can be secured.

These pamphlets could be prepared at a minimum expense, mailed from the central office the 15th of each month to all physicians in the state. The preparation of such leaflets is one upon which a great deal of thought should be expended in order that they may be made interesting as well as instructive. The services of a publicity man well trained in such matters would probably be necessary.

"In connection with the above, wish to advise you that the Pierce County Medical Society, which includes Tacoma, in the State of Washington, have conducted such an educational campaign and it is interesting to note that finances for the organization were collected by voluntary contributions up to about \$4500, paid by eighty members of the Association.

"The amount of money raised is to be spent for articles appearing in the newspapers only. This will cost between \$3000 and \$4500.

"Each month we are printing one thousand leaflets of each article that has appeared during that month. These leaflets are distributed by the doctors to their patients. There will be a booklet prepared containing all of the articles and a roster of the Pierce County Medical Society which will be distributed in the public libraries, schools, and any other place where they may be referred to."

It is very gratifying indeed to the chairman of this committee to know that the suggestions made to your Committee on Public Relations were being carried out successfully by another medical organization, although this latter fact was not known to me at the time these suggestions were made.

Respectfully submitted,

Fred B. Clarke, *Chairman.*

COMMITTEE ON HISTORY AND OBITUARIES

Executive Group

Charles D. Ball, *Chairman*, 1932
Emmet Rixford, 1933 The Secretary, ex officio
George D. Lyman, 1934 The Editor, ex officio

Advisory Group

William LeMoine Wills, George L. Cole, Los Angeles
San Marino William H. Geistweil, San Diego
Frank D. Bullard, Robert F. Rooney, Auburn
Los Angeles John C. King, Pasadena

To the President and House of Delegates:

Your Committee on Histories and Obituaries begs to report that during the year 1931 sixty-three deaths of members have been recorded. The appended list has been gathered from CALIFORNIA AND WESTERN MEDICINE and from the "List of Members of California Medical Association—1932."

Only ten obituaries were published in the official journal in 1931.

It is the opinion of the chairman of your committee that the death notices should convey more information or that more obituaries should be written. Work along historical lines is rarely lost.

Referring to histories of county medical societies, the record of achievement has not been very good, but it is hoped that historical data and papers are being gathered.

Orange County has deposited with the State Association a brief but complete history from the time it was organized. San Diego County is also preparing such a history. San Bernardino County is considering the task, as is Riverside County. It is hoped that many more of our county societies will see fit to push their historical work to completion.

Respectfully submitted,

C. D. Ball, *Chairman.*

APPENDIX TO COMMITTEE'S REPORT

Showing recorded deaths of members of the California Medical Association who died in the year 1931:

Anderson, Bennett C., San Bernardino, died March 14, 1931, age 85.

Bemis, Orion Irving, Modesto, died December 7, 1931, age 62.

Briggs, William E., Sacramento.

Burnham, Marjorie Bonthron, San Diego, died June 26, 1931, age 54.

Calder, James Squair, Los Angeles, died August 30, 1931, age 90.

Coburn, Elwyn Stevens, National City, died August 26, 1931, age 67.

Coleman, Charles La Grange, Oakland, died July 25, 1931, age 52.

Coleman, Herbert Rockwood, San Francisco, died September 7, 1931, age 41.

Copeland, John Charles, San Diego, died December 31, 1931, age 59.

Cowden, Ambrose Franklin, Santa Cruz, died February 18, 1931, age 52.

Cunningham, Benjamin Frazier, Paso Robles, died February 8, 1931, age 61.

Dawson, William C., San Francisco.

Deal, Louise Bacon, San Francisco, died June 16, 1931, age 66.

Donnelly, Edward Francis, Napa, died September 20, 1931, age 69.

Emerson, Henry K., Los Angeles, died January 1, 1931, age 63.

Engel, Charles Paul, Colton, died April 29, 1931, age 42.

Fancher, Charles Rousseay, Oakland, died June 25, 1931, age 36.

Fuller, Winifred LeRoy, Manila, died April 12, 1931, age 52.

Fulton, Dudley, Los Angeles, died March 22, 1931, age 57.

Garland, James Asa, Los Angeles, died February 15, 1931, age 60.

Green, Jacob Samuel, Oakland, died April 20, 1931, age 54.

Haas, Adam Adolph, San Francisco, died July 26, 1931, age 58.

Hamilton, Jo., Alameda, died September 19, 1931, age 57.

Hamman, Amos F., Los Angeles, died September, 1931, age 57.

Hassler, William Charles, San Francisco, died August 1, 1931, age 63.

Hayden, Thomas M., Carmel, died August 3, 1931, age 77.

Heaney, Robert Harold, Yreka, died March 18, 1931, age 49.

Holmes, Will Hammond, Riverside, died June 5, 1931, age 44.

Hoover, Frank Bernard, San Jose, April 12, 1931, age 48.

Hubbell, George Ruclan, San Francisco, died September 15, 1931, age 64.

Keck, Frederick Charles, San Francisco, February 16, 1931, age 66.

Keller, Peter Martin, Glendale, October 1, 1931, age 58.

Langley, Elmer Ellsworth, Los Angeles, died November 12, 1931, age 49.

Lewitt, Frederick Clinton, San Francisco, died June 16, 1931.

Loper, Asbury Nelson, Tulare, died May 2, 1931, age 72.

Lucas, William Thomas, Santa Maria, died March 21, 1931, age 81.

Maher, Thomas Davis, San Francisco, died June, 1931, age 57.

Mahoney, Margaret Josephine, San Francisco, died December 7, 1931, age 73.

Malpas, Ida May Lathrop, San Francisco, died June 17, 1931, age 56.

McGettigan, Charles D., San Francisco, died January 23, 1931, age 58.

Mead, Francis H., San Diego.

Meyers, Isadore Leon, Long Beach, died August 16, 1931, age 48.

Moseley, Gayle Graham, Redlands, died June 17, 1931, age 57.

Nichols, William Van Dever, Oceanside, died March 16, 1931, age 70.

Northrup, Fred Detmar, South Pasadena, died June 7, 1931, age 56.

Packard, Charles Walter, Los Angeles, died March 18, 1931, age 58.

Servin, Guillermo Ramon, Los Angeles, died April 11, 1931, age 70.

Slaughter, Theron Hart, Long Beach, died September 9, 1931, age 43.

Smith, Sydney Henry, San Francisco, died December 17, 1931, age 52.

Smith, Walter A., Modesto.

Snyder, James Roe, Sacramento, died April 19, 1931, age 43.

Stigall, Clarence G., San Diego.

Strader, Harvey W., Sacramento.

Suttner, Conrad Nicholas, Los Angeles, died July 14, 1931, age 63.

Taylor, James Edward, Redding, died August 3, 1931, age 59.

Walters, William Alexander, Los Angeles, died December 25, 1931, age 52.

White, Carlos M., Visalia.

Wilbur, Hubert Granville, Long Beach, died January 25, 1931, age 52.

Williams, Thomas Arthur, Pasadena, died March 30, 1931, age 66.

Mindmueller, Emil, Sacramento, died June 29, 1931, age 62.

Winn, Albert, Los Angeles, died March 20, 1931, age 71.

Woolsey, Mark Hopkins, San Francisco, died January 28, 1931, age 67.

Wright, Harold Walgrove, Ojai, died July 12, 1931, age 78.

County Society Committees on History and Obituaries

Alameda—
Frank R. Makinson, Chairman, Oakland
E. E. Brinkerhoff, Oakland
H. W. Harding, Oakland
Claire Rasor, Oakland
Harold G. Trimble, Oakland

Butte—
P. L. Hamilton, Chico
F. M. Whitney, Oroville
N. T. Enloe, Chico

Contra Costa—
C. R. Blake, Richmond

Kern—
E. J. Gundry, Bakersfield
J. M. Kirby, Bakersfield
P. N. Root, Bakersfield

Los Angeles—
John V. Barrow, Los Angeles
R. Manning Clarke, Los Angeles
Harold E. Crowe, Los Angeles
Thomas McHugh, Los Angeles
William Mulvehill, Los Angeles
Phillip Stephens, Los Angeles

Mendocino—
L. K. Van Allen, Ukiah

Merced—
W. E. Lilley, Merced
K. Kyleberg, Merced

Monterey—
G. Parker, Salinas

Napa—
W. L. Blodgett, Calistoga
C. A. Johnson, Napa
A. K. McGrath, Napa

Orange—
Charles D. Ball, Chairman, Santa Ana
Frank H. Gohar, Fullerton
Robert S. Wade, Santa Ana

Placer—
Robert F. Rooney, Auburn

San Bernardino—
Frank Pritchard, Chairman, Colton
W. H. Craig, Upland
John N. Baylis, San Bernardino

San Diego—
George B. Worthington, San Diego
C. A. Burton, San Diego
Fred Baker, Point Loma

San Francisco—
Henry Harris, Chairman, San Francisco
George D. Lyman, San Francisco
Douglass W. Montgomery, San Francisco
J. Marion Read, San Francisco
Clarence Quinan, San Francisco

San Joaquin—
B. J. Powell, Sr., Stockton
Margaret Smyth, Stockton
S. E. Latta, Stockton

Santa Barbara—
P. C. Means, Santa Barbara

Tehama—
Frank J. Bailey, Red Bluff
Frank L. Doane, Red Bluff
Ernest E. Thompson, Red Bluff

Stanislaus—
E. F. Reamer, Chairman, Modesto
Fred R. McKibbin, Oakdale
Alfred Roscoe, Newman

COMMITTEES ON HOSPITALS, DISPENSARIES AND CLINICS

Executive Group

John C. Ruddock, Chairman, 1932

Wallace Dodge, 1933

Karl L. Schaupp, 1934

To the President and House of Delegates:

During the year this committee has had no formal meeting, but the members have kept in touch with one another through correspondence and occasional informal meetings.

At the last meeting of the California Medical Association a resolution, adopted by the House of Delegates, brought into being a Department of Public Relations, of which this committee became an integral part, and the chairman of which became automatically a member of the Committee on Public Relations.

In addition to the duties as defined for the Committee on Hospitals, Dispensaries, and Clinics, there have been presented to the committee for report two additional resolutions, as adopted in the second meeting of the House of Delegates at the last annual meeting of the Association.

Clinic Survey.—The first resolution stated that a survey be made of existing clinics and facilities, with the need of others; and that a plan of direction be submitted to be drawn up by the various county medical societies in cooperation with the social service agencies and citizens of the community.

Health Centers.—The second resolution had to do with defining the scope of practice of the health officer and the practicing of the private practitioner in the care of the indigent sick in a community.

Clinic Survey.—The committee have felt that a survey of existing clinics and gathering information concerning these would require the services of a full-time worker and would be the cause of an expense item against the California Medical Association, and they recommend that this matter be referred to the Public Relations Department of the California Medical Association, which has at its disposal clerical help for conducting such surveys.

In addition, the committee have turned over to the Director of the Department of Public Relations all existing material available on this subject for filing, and for such use as the Department may see fit.

In addition, the individual members of the committee are busy collecting such data as they may have at their disposal for the use of this Department.

The members of the committee have been busy with their respective county units, helping them to outline a plan of direction which may be applicable to the individual county units and individual problems of the various communities in which these clinics are situated.

Clinic Legislation.—The matter of clinic legislation has been clearly discussed by our committee as well as in the Department of Public Relations; and it is thought wise at this time, in view of the unrest as noted in the various attempts to solve the economic question of medicine, and in view of the lack of a survey of existing laws which may conflict at this present time with clinic legislation, to refer action on this matter to a special committee appointed by the chairman of the Committee on Public Relations, composed of Dr. Junius B. Harris, chairman of the Legislation Committee; Mr. Hartley F. Peart, legal counsel of the California Medical Association; and Dr. John C. Ruddock, chairman of the Committee on Hospitals, Dispensaries, and Clinics of the California Medical Association. This special committee as yet has made no report concerning such legislation.

Standards for Clinics.—The committee feels that there should be a definite legal curb placed upon the formation of clinics, organized either for profit or non-profit in the care of the indigent and near-indigent population. Clinics today are being formed without any regard to the standards and proper practice of medicine, and the committee feels that the California Medical Association is deeply interested in the matter, and should concern itself to the degree that the indigent and near-indigent receive medical care of the highest quality, and that these clinics should be centered in the population and so controlled that they do not interfere with the private practitioner of medicine.

With this thought in view, the committee has made up and has submitted to the Council of the California Medical Association a "Minimum Standard for Clinics for the Needy and Indigent." The Council of the California Medical Association has adopted these, and has caused them to be sent, through the Department of Public Relations, to each and every clinic, of which a proper address was available, in the State of California.

The committee feels that standards of this type should be made up for each and every type of clinic that we have, as the society is interested in the type of medicine that is delivered to the community.

Dispensing Information.—The committee has been called upon from time to time throughout the year by the Council, by the Association secretary, and by various individuals in the society to furnish them with

information concerning clinics, to answer correspondence which has been referred to the committee from outside organizations, both medical and social service. These have been answered.

Health Centers.—The committee has caused to be formed a questionnaire in regard to activities of health officers and health departments in the state. This questionnaire has been delivered to each county medical society unit throughout the state, with the request that it be filled out by the individual units, which units know their own problems better than any investigating committee, and that these questionnaires be returned promptly. To date, there have been returned a relatively few of these questionnaires, and the committee feels that it is unable to make a detailed report which will cover the State of California.

However, the committee feels that it is now able at this time to make a general report in regard to the general situation which may be applicable to each and every county unit.

The matter of the relationship between the health officer and the private practitioner is a far-reaching one, and a great deal of controversy and misunderstanding may develop from time to time, dependent upon various factors such as:

1. The attitude of the Board of Supervisors toward the proper care of the indigent sick in the county.
2. The attitude of the Board of Supervisors in regard to the care of the low-salaried population in the community in regard to medical attention.
3. The attitude of the health officer.
4. The attitude of the Welfare or Charities Department of government.
5. The attitude of various outside agencies toward this matter.
6. The attitude of the private physician.

The relationship between the private physician and the health officer may be summed up into two phases:

1. The application of public health measures to the community.
2. The care of the indigent sick.

When these two phases are combined, unless there has been a very careful organization, which includes the organized medical society, then local disagreements, dissatisfaction and misunderstandings occur between the Department of Health and the private practitioner.

The committee feels that the duties of a health officer may be summarized as follows:

1. The control of communicable disease.
2. Sanitation and inspection.
3. Vital statistics.
4. Public health education.

The committee feels that the treatment of the indigent sick, and conducting emergency hospitals are not the duties of a health officer unless so delegated to him by statute.

The committee feels that it is necessary, in conducting public health education, that certain clinics be held for such purposes, but not for treatment.

The committee recommends that the various county societies within the state society interest themselves in this field, and that the organization and work, as carried on in this regard, be under the supervision and with the cooperation of the representative county societies.

It is recommended that the various and respective boards of supervisors contact the medical society and, in conjunction with the health officer, work out a program which is to the best interest of the community, the medical personnel which gives its time gratis to the cause, and the health officer in his application of public health tenets.

It is further recommended that the California Medical Association pass a resolution to the effect that it is deeply interested in the welfare of each and every physician in the State of California; and that it is

interested in the type of medicine practiced by each and every individual doctor in the State of California; and that it is deeply interested in the medical care of the indigent sick of the State of California; and that it is deeply interested in the welfare of each and every individual citizen in the State of California; and that it is interested in the proper application of health and sanitation measures in the State of California; and that every individual member of the California Medical Association stands ready to give his services and to assist in every way possible in any application to improve any of the above-mentioned phases; and because of the interest so manifested by the California Medical Association, through its formation of the Department of Public Relations of the California Medical Association, it feels that it should have a voice in the matter of reorganizing institutions which affect so materially the medical profession, the citizens, and the constituted authorities of government.

Respectfully submitted,
John C. Ruddock, *Chairman*.

COMMITTEE ON INDUSTRIAL PRACTICE

Executive Group

Packard Thurber, Chairman, 1932
Mott H. Arnold, 1933 Daniel Crosby, 1934

To the President and House of Delegates:

As chairman of the Committee on Industrial Practice, I wish to say that the only issue presented to the committee was the matter of certain insurance companies attempting to force fees below the regular Industrial Accident Commission schedule on certain doctors in the Santa Cruz district. I forwarded copies of all communications to the central office and members of the committee.

Respectfully submitted,
Packard Thurber, *Chairman*.

COMMITTEE ON MEDICAL DEFENSE

Executive Group

Henry Snure, Sr., Chairman, 1934
George G. Reinle, 1932 Fred R. DeLappe, 1933

To the President and House of Delegates:

An excellent outline of the activities of the "Optional Defense" Society was given by the committee in the two previous bulletins, therefore will not be repeated here.

The number of suits filed last year were not as large as anticipated. For instance, only five suits were filed in Los Angeles County during the year that involved members of this society. Two suits involving members of the society were dismissed during the year and one old threatened matter was disposed of without suit in Southern California. In the northern counties four threatened actions and twelve cases were disposed of.

The attorneys for the society, of course, act as the personal attorneys for the member, in coöperation with the insurance attorneys, in all matters where the member of the society is covered by an insurance policy in any one of the companies covering physicians. In all threatened matters, as well as suits, the member of the society involved has the benefit of the advice and assistance, therefore, of his personal attorneys, and wherever necessary they take active part in the trial itself. I think that the largest benefit to members of the society is the fact that they have intimate touch with these attorneys for the society who directly represent them, and from their long experience in such matters and their understanding of the physician's situation, are able to give close personal attention to the problem.

The cost of the defense service is only \$10 per year, truly a small sum for one's peace of mind and security. It is appreciated most by those who have experienced the unpleasantness of a suit, and the slogan of its greatest boosters is similar to that of a well-known car, "Ask the man who has had one."

The December meeting of the Alameda County Medical Association was devoted to the study of optional medical defense, including discussion on how to keep from being sued and on the medical expert on the witness stand. It proved to be a very worthwhile meeting, and it is suggested that similar meetings be held by other county medical associations during the coming year.

The committee strongly urge all members of the Association to subscribe for the "optional defense." The Association secretary will be glad to furnish information in regard thereto.

Respectfully submitted,
Henry Snure, Sr., *Chairman*.

COMMITTEE ON MEDICAL ECONOMICS

Executive Group

John H. Graves, Chairman, 1932
Joseph M. King, 1931 Ruggles A. Cushman, 1933

Advisory Group

John H. Breyer, Pasadena	Daniel Crosby, Oakland
Harvey G. McNeil, Los Angeles	Jesse W. Barnes, Stockton
William B. Wright, Jr., Los Angeles	Fred R. DeLappe, Modesto
Walter B. Coffey, San Francisco	Warden T. Barr, Fresno
Rodney Yoell, San Francisco	Morton R. Gibbons, San Francisco
Fred B. Clarke, Long Beach	Rexwald Brown, Santa Barbara

To the President and House of Delegates:

The Committee on Medical Economics desires to report that during the past year there is every evidence of greatly increased interest in the various problems that this committee was organized to study.

A large subcommittee was formed the members of which were chosen from many different communities throughout the state.

The formation of a Public Relations Committee left the Committee on Medical Economics somewhat uncertain as to the proper sphere of the committee's activities.

A clearer definition of what the committee is supposed to do during the coming year is greatly needed.

Respectfully submitted,
John H. Graves, *Chairman*.

County Society Committees on Medical Economics

Alameda—

Daniel Crosby, Oakland
Harry Appledorn, Oakland
Mark L. Emerson, Oakland
Clarence W. Page, Oakland
T. C. Lawson, Oakland
Howard Trimble, Oakland
Frank Makinson, Oakland
J. W. Sherrick, Oakland

Butte—

E. R. Meyers, Chico
W. J. Costar, Jr., Chico
W. B. Johnson, Chico

Contra Costa—

L. Abbott Hedges, Richmond
W. E. Cunningham, Richmond

Kern—

P. F. Page, Taft
Joe K. Smith, Bakersfield
R. M. Jones, Bakersfield

Merced—

W. C. Cotton, Atwater
Chester A. Moyle, Merced
A. S. Parker, Merced

Monterey—

R. A. Workman, Pacific Grove

Napa—

D. H. Murray, Napa
L. Welti, Napa
H. V. Baker, Napa

Orange—

Ruggles Cushman, Chairman, Santa Ana
Dorsey A. Harwood, Santa Ana
Willis P. Baker, Santa Ana

Riverside—

William R. Dorr, Riverside
W. W. Roblee, Riverside
W. B. Wells, Riverside

San Bernardino—
C. G. Hilliard, Chairman, Redlands
C. F. Whitmer, Colton
W. F. Pritchard, San Bernardino
F. F. Abbott, Ontario
E. J. Eytlinge, Redlands

San Diego—
C. L. Stealy, San Diego
L. H. Redelings, San Diego
Hall G. Holder, San Diego

San Joaquin—
H. E. Kaplan, Chairman, Stockton
A. L. Van Meter, Stockton
H. S. Chapman, Stockton

Santa Barbara—
Hextwald Brown, Santa Barbara

Santa Clara—
J. H. Shephard, San Jose
S. B. Van Dalsen, San Jose
C. S. Sullivan, San Jose

Santa Cruz—
J. Harrington, Santa Cruz
E. Elskamp, Watsonville
A. C. Atwood, Soquel

Stanislaus—
J. A. Porter, Chairman, Modesto
L. O. Welsner, Modesto
H. B. Stewart, Ripon

Ventura—
W. S. Clark, Ventura

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

Executive Group

George R. Dock, Chairman, 1932
George G. Hunter, 1933 H. A. L. Ryfkogel, 1934

To the President and House of Delegates:

This committee has had no meeting, and has had no communications brought to its attention.

I suggest that the work of the committee be continued.
Respectfully submitted,
George Dock, Chairman.

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

Executive Group

LeRoy Brooks, Chairman, 1931
Harlan Shoemaker, 1932 The Secretary, ex officio
Jesse W. Barnes, 1933

Advisory Group

Fred B. Clarke, Long Beach J. P. Nuttall, Santa Monica
Claude V. Thompson, Lodi H. V. Brown, Glendale
Fred Gundrum, Sacramento H. T. Brooks, Alhambra
Lewis F. Morrison, San Francisco Dewey R. Powell, Stockton
John H. Breyer, Pasadena

To the President and House of Delegates:

Your standing Committee on Membership and Organization beg to submit the following as their annual report:

The state office reports that 363 new members joined the Association in 1931. With the exception of 1928, when 453 members were added, this is the largest addition in the past five years.

Due doubtless to the general financial depression losses from delinquencies and through resignations were greater than usual. Twenty more members resigned and 164 were delinquent. The actual gain for the past year, while but 124 carried the membership of the California Medical Association above the 5000 mark.

It is the earnest hope of your committee that the average yearly gain of 200 members will be greatly increased this coming year. Your committee recommends to each component county society the establishment of a committee on membership, whose duty shall be a survey of all unaffiliated licentiates and a personal invitation to all those deemed eligible to membership in the California Medical Association.

Respectfully submitted,
LeRoy Brooks, Chairman.

COMMITTEE ON PUBLICATIONS

Executive Group

Percy T. Magan, Chairman, 1934
The Secretary, ex officio Morton R. Gibbons, 1932
The Editor, ex officio Frederick F. Gundrum, 1933

To the President and House of Delegates:

Your Committee on Publications respectfully begs leave to report that the publications which are regu-

larly brought out by the Association are four in number, to wit: (1) CALIFORNIA AND WESTERN MEDICINE, the official organ of the Association; (2) the annual directory; (3) The *Pre-Convention Bulletin*; (4) The convention program for the annual meeting.

Further than this it may be stated that your Committee on Publications has not had any special problems of its own to solve during the year that is now passed and gone. However, in conversations with officers of the Association and with the editor, we have been apprised of the fact that the present most distressing financial status of the country generally, and our own beloved state in particular, has been the cause of a reduced income from advertising space in CALIFORNIA AND WESTERN MEDICINE. This is a most serious matter and one which indirectly touches upon the work of the Committee on Publications. It is our belief that if the members of the California Medical Association who are in touch with firms whose interest might be served by announcements in our official journal that they will render a great service by sending these names to the central office of the Association so that steps may be taken to contact such parties in an endeavor to secure their advertisements.

It was thought best this year by the Council of the California Medical Association that the annual directory be not produced in as complete a form as heretofore. This was a move in the line of financial retrenchment and seemed to be justified because the Board of Medical Examiners of the State of California brings out each year a directory which, to a very considerable extent at least, is in the same form and serves the same purpose as the one which we have been issuing.

To us it appears that the suggestion of the editor to print a condensed directory in one of the numbers of CALIFORNIA AND WESTERN MEDICINE is well worthy of most thoughtful consideration. It may be that this could be printed as an insert supplement, but even if this were not considered best it would still answer the needs of the society for the same to appear as an integral part of and bound into the official journal.

There can be no question but that the *Pre-Convention Bulletin*, which had its birth some two years ago, has more than justified its existence, and it is our belief that the members of the House of Delegates and of the Association would feel that it would be a backward step to dispense with it.

The plan for changing the size of the Annual Program from the large form which has been in vogue for many years to one which is smaller and more compact is one which, in our judgment, is in harmony with the trend of our day in the matter of printed programs.

In closing, we desire to express our sincere faith and belief that CALIFORNIA AND WESTERN MEDICINE, the official journal of the California, Nevada, and Utah Associations, is one of which we should all be justly proud and one which measures up in a very fine manner to the best standards and ideals of any similar publication in its field.

All of which is respectfully submitted,
Percy T. Magan, Chairman.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Executive Group

Junius B. Harris, Chairman, 1932
The President, Lyell Kinney, ex officio The President-elect, Junius Harris, ex officio
William Duffield, 1934 Joseph Catton, 1933

Advisory Group

T. Henshaw Kelly, San Francisco
Ruggles A. Cushman, Santa Ana

(All county society committees on Public Policy and Legislation.)

Your Committee on Legislation and Public Policy begs to submit the following report:

The major portion of our duties was concerned with the last State Legislature. Inasmuch as there was a record breaking number of bills introduced the problems of your committee were likewise multiplied.

Careful scrutiny and consideration were given the following bills; others not listed were read by title and studied.

The following Senate and Assembly bills were more or less directly concerned with medical practice and public health. This large list indicates how heavy is the task which faces the Committee on Public Policy and Legislation and the California Medical Association Council when a legislature is in session in California.

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Many of these measures required our alert and active support and many others demanded vigorous efforts in preventing their passage. All demanded increasing vigilance.

The practice of "highjacking" bills was indulged in by this Legislature in an unprecedented manner. An Assembly bill, for instance, relating to fees in Justices' Courts was "highjacked" into the famous Masseurology bill. It was almost impossible to follow these bills through the reference committees, as the "high-jacked" bills were carried on file under the original number and title.

There were also three hundred and forty-three skeleton bills introduced in the Assembly alone. One such skeleton bill became a bill requiring the compulsory registration of patients suffering from syphilis.

Your committee extends its heartfelt appreciation for the support given it by the officers and members of our county societies. Many requests, some of them urgent, were demanded of various county society officers, and prompt and valuable coöperation was extended your committee.

Respectfully submitted,

Junius B. Harris, *Chairman.*

County Society Committees on Public Policy and Legislation

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J. G. Hepplewhite, Chico
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COMMITTEE ON SCIENTIFIC WORK**Executive Group**

Emma W. Pope, Chairman
John Homer Woolsey
F. M. Pottenger
Lemuel P. Adams
R. Manning Clarke
Stanley H. Mentzer

To the President and House of Delegates:

In February, 1932, this committee met at Pasadena with the accorded representative officers of each Section and assisted in the choice, correlation and distribution of papers for the several sectional programs. The list of essayists was checked in order to assure equitable distribution to members of the Association. Also, for the Section meetings, the physical facilities were inspected personally and the hotel management advised in regard to special rearrangements and adaptation of necessary auxiliary apparatus.

This committee considers that, in addition, its duty is to attend the regular annual meeting and assist and advise the sectioned officers in carrying out the various sectional programs in the most efficient manner.

We would respectfully submit the following for your consideration: Regarding election of officers in the several Sections, whereas in some Sections during the past seven years a custom of progression of the secretary on to chairman has developed; and whereas a greater interest would be afforded all ages of our membership by a more appropriate age-period of office than that now followed.

It is hereby recommended that wherever possible the chairmanship be considered for a man of mature years deserving of honor in recognition of his professional attainment, and the secretaryship for a young man active and of high repute in his specialty. We also suggest that each Section have the following officers: chairman, secretary and assistant secretary; progression from the assistant secretaryship to the secretaryship, and choice of men for all officers to be alternated between the south and the north section, respectively, of our state.

Respectfully submitted,

Emma W. Pope, *Chairman.*
John Homer Woolsey,
Lemuel P. Adams,
F. M. Pottenger,
R. Manning Clarke,
Stanley H. Mentzer.

REPORTS OF COMMISSIONS, SPECIAL AND COUNCIL COMMITTEES

DEPARTMENT OF PUBLIC RELATIONS*

Walter M. Dickie, Director

Committee on Public Policy and Legislation
Committee on Medical Economics
Committee on Hospitals, Dispensaries and Clinics
Committee on Health and Public Instruction
Cancer Commission

State Committee on Public Relations

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John C. Ruddock, Los Angeles
Charles A. Dukes, Oakland
Junius B. Harris, ex officio, Sacramento
Joseph M. King, ex officio, Los Angeles
Emma W. Pope, ex officio, Secretary

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B. W. Black, Oakland
J. W. Sherrick, Oakland
Gertrude Moore, Oakland

Kern—

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N. N. Brown, Bakersfield
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Chester A. Moyle, Merced

Riverside County—

Bon O. Adams, Riverside
R. L. Ratliff, Riverside
J. A. Connell, Riverside

Sacramento Society for Medical Improvement

Philip G. Young, Sacramento
Oscar F. Johnson, Sacramento
Gustave Wilson, Sacramento
Edward S. Babcock, Sacramento
Wallace Briggs, Sacramento
C. E. Schoff, Sacramento
Paul Christman, Sacramento
Ex officio—President of the Woman's Auxiliary to the Sacramento Society for Medical Improvement, Mrs. F. N. Sentena, Sacramento

San Bernardino—

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W. F. Pritchard, San Bernardino
F. F. Abbott, Ontario
E. J. Eyttinge, ex officio, Redlands

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San Francisco—

Morton R. Gibbons, Chairman, San Francisco

San Mateo—

Hartzell Ray, San Mateo
Alan Benner, San Mateo
J. Paul Sweeney, Millbrae

Solano—

John W. Green, Vallejo
Andrew Finan, Suisun
Arthur R. Thompson, Rio Vista

Ventura—

W. F. Mosher, Ventura

CANCER COMMISSION

Executive Group

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Lyell C. Kinney, Vice-Chairman
Alison R. Kilgore, Secretary

Harold Brunn
William Ophuls
Henry J. Ullmann

Orville Meland
A. Herman Zeller
Clarence G. Toland

To the President and House of Delegates:

Since its organization at the 1931 session the Cancer Commission has held four meetings and, in addition, two meetings of its Executive Committee have been held.

* The report of the director of the Department of Public Relations is printed in the proceedings of the House of Delegates. Reference is here made thereto because an abridged report was printed in the "Pre-Convention Bulletin." The director's report will be found on page 413.

Your Commission felt unanimously that its first service to the profession of the state should be the collection and codification of the most advanced work and opinion on the diagnosis and treatment of malignant disease and the presentation of this matter in readily available form to all members of the Association.

To this end the Commission has requested the cooperation in committee work of some two hundred and ninety-seven members throughout California, and the response has been enthusiastic and all but universal. Much excellent work has already been done in survey of the various fields of cancer, and we anticipate that at least one committee report will be completed and ready for presentation at the annual session in May. Others will be finished shortly.

Your Commission feels that this work should be carried more nearly to completion before any extensive campaign of public education is undertaken.

In the meantime a concerted effort has been made to acquaint the membership of the Association with the aims and plans of the Commission. Through the cooperation of district councilors, members of the Commission have personally visited county medical societies and in several instances have arranged programs for these society meetings. Following is a list of the county societies visited:

Northern District Medical Society.....	October 13, 1931
Napa.....	November, 4 1931
Sonoma.....	November 12, 1931
San Joaquin (breast program).....	December 13, 1931
Riverside.....	December, 1931
Fresno (breast program).....	February 2, 1932
Monterey.....	February 5, 1932
Glendale branch, Los Angeles (breast).....	February 15, 1932
Santa Clara.....	February 17, 1932
Tulare (breast).....	February 28, 1932
Kern.....	February, 1932

Cancer meetings have been planned in the immediate future at:

Stanislaus, Merced, Tuolumne (bone).....	March 11, 1932
Santa Monica branch, Los Angeles.....	March 15, 1932
Pasadena branch, Los Angeles (G-I).....	April 19, 1932
San Francisco, Alameda, San Bernardino, Los Angeles, San Diego, Ventura and Santa Barbara	

Since November 1931, through the courtesy of the editor, a column in CALIFORNIA AND WESTERN MEDICINE has been devoted to the work of the Commission and it is planned to publish in this column the results of studies and surveys by clinical committees as they are completed.

Your Commission believes that the program as it is being carried out has already stimulated a wider interest in early diagnosis and treatment; has pointed out important matters upon which opinion is divergent, and will stimulate clarity of thought and crystallization of opinion upon such important matters.

Entirely aside from these results, it is becoming increasingly apparent that the work being carried on by a large group of members is helping to develop a capacity for cooperation in the carrying out of a plan which cannot help but be of the greatest value in strengthening the organized profession of California.

The Council will remember that at its meeting of May 23, 1931, a budget for the Cancer Commission for 1931-1932 was authorized, not to exceed \$4500. Below is a statement of expenditures to date. Continuation of the work will cost somewhat more than this report would suggest, since the volume of work has rapidly increased and it has been necessary to employ a full-time secretary, beginning March 1; postage and printing expenses will also be greater.

Rent.....	\$ 318.75
Furniture.....	177.59
Salary.....	253.76
Miscellaneous desk supplies.....	164.90
Lantern slides.....	10.20
Transportation.....	193.40
	\$1118.60

Respectfully submitted,

C. A. Dukes, Chairman.

AUDITING COMMITTEE***Executive Group**

T. Henshaw Kelly, Chairman
Joseph Catton Karl L. Schaupp

COMMITTEE ON ARRANGEMENTS**Executive Group**

Fitch C. E. Mattison, Chairman
Wm. R. Molony Robert E. Ramsay
Harry H. Wilson Leroy B. Sherry

To the President and House of Delegates:

In the organization of the committees on arrangements for the California Medical Association meeting in Pasadena, May 2 to 5, an advisory committee was appointed, consisting of the officers of the State Association and the County Medical Association, with a local executive committee on arrangements and various committees pertaining to the entertainment features, which are already published in *CALIFORNIA AND WESTERN MEDICINE*.

We think the arrangements for the entertainment for the members of the California Medical Association and entertainment of the members of the Woman's Auxiliary, with Mrs. Philip Schuyler Doane as chairman, has been well planned. They have done wonderful work in assisting the local Committee on Arrangements for entertaining their guests.

The official social events of both the Medical Association and the Woman's Auxiliary we think have been planned very well, and sincerely trust that the results will be satisfactory to everyone attending the meeting. We think the members will all enjoy the president's dinner and al fresco luncheon.

In addition to the official program furnished by the state society, we are getting out a small booklet, suitable to carry in a pocket or handbag, giving a synopsis of the time and place of the various events.

Mention should be made of the close coöperation of the Huntington Library, which has arranged a rare treat of medical works and many important manuscripts printed before 1641. A booklet giving details for this exhibit has been published which will be on sale at the Huntington Library at a small cost. As the number who can be accommodated at the Library, which will be open on Tuesday, Wednesday, and Thursday from 1:30 to 4:30 p. m., is limited, members should register the day and hour on which they would like to go.

The demonstration of the million-volt laboratory and x-ray apparatus at the California Institute of Technology, under the direction of Dr. C. C. Lauritsen and Dr. J. W. Du Mond on May 2, 3, and 4, will be of special interest to all.

Respectfully submitted,

F. C. E. Mattison, *Chairman.*

SPECIAL COMMITTEE ON CLINICAL AND RESEARCH PRIZES**Executive Group**

George Dock, Chairman, 1933
Emmet Rixford, 1932 Eugene S. Kilgore, 1934

To the President and House of Delegates:

The committee takes pleasure in reporting a prosperous year.

To date we have received twelve prize essays, which are being studied by the members of the committee, and the final report will be forwarded as soon as possible.

The increased interest in the prize contest is the result of the active and discriminating publicity given in *CALIFORNIA AND WESTERN MEDICINE*.

Respectfully submitted,

George Dock, *Chairman.*

SPECIAL COMMITTEE ON THE "CALIFORNIA MEDICAL PRACTICE ACT" AND ON A PROPOSED "QUALIFYING CERTIFICATE (SO-CALLED BASIC SCIENCE) LAW"

George H. Kress, General Chairman

Bay Region Group

Morton R. Gibbins, Group Chairman
Oliver D. Hamlin Langley Porter
Emma W. Pope William Ophuls
Walter B. Coffey Hartley Peart
Joseph Catton

Los Angeles Group

Percy T. Magan, Group Chairman
Lyell C. Kinney William Cutter
William Duffield William Molony

At-Large Group

Junius Harris, Group Chairman
Percy Phillips Frederick Gundrum
Charles Pinkham

To the President and House of Delegates:

Your special committee on possible revision of Medical Practice and of submittal of a Qualifying Certificate (so-called Basic Science) Act has little to add to the reports which have been submitted in the past several years to the Executive Committee, the Council, and the House of Delegates.

In the stress and strain of our present times it must be evident to all that somewhere and somehow, something is lacking as regards the joint and adequate protection of the interests of the public health and of the learned profession of medicine.

Two paragraphs from a recent article by a lay writer, Peter B. Kyne (*Examiner*, April 4, 1932), reveal a psychologic background which may explain in part why the medical profession has gotten out of step with the prevailing lay thought in our present day somewhat materialistic era. These paragraphs are:

"The true physician has in him a Christ-like quality. He has a vast sympathy for sick people, a vast pity for the poor and the helpless. So he is imposed upon, for most human beings are alert to note quick and unstinted sympathy and are not at all averse to trading upon it. And the doctor, who knows human beings so much better than they know themselves, is, somehow, neither shocked, distressed, nor made bitter by evidence of ingratitude. . . ."

"Few persons realize how hard-earned is the doctor's competence, which, nine times out of ten, is surprisingly modest. He is the last relic of civilized slavery. . . ."

An interpretation of the above lay comments suggests that members of the medical profession have been so busy in the practice of their art and science that by and large they have failed to appreciate the importance of the massive psychologic and material changes in our present-day American civilization, this inaction permitting lay and cultist activities to become operative against the profession. All signs indicate that such lay activities, unless checked, will have demoralizing influences on the scientific and ethical standards of the profession and on the social and living standards of physicians. The importance of prompt and thorough study of the influences antagonistic to the medical profession therefore is apparent, if deterrent results to the profession are to be prevented.

Why is all the above related to medical licensure? For the reason that inadequate medical licensure laws permit legal recognition of persons who, as judged by modern-day standards, have insufficient training. Such insufficiently educated and trained persons, once they receive licenses to practice the healing art, through reducing the incomes of well trained physicians, by the amounts of money they collect through their cultist practice, necessarily become factors in reducing the professional and living standards of properly trained medical men and women. Such inadequately educated and trained practitioners also depreciate the esteem in which members of a well-trained profession are held by the lay public. Modern-day lay psychology is such that many lay citizens judge the medical profession not by its strongest but by its weakest members. And since in the minds of many lay persons there is little recognition of the differences existing in the standards which are upheld

* The report of the Auditing Committee is printed in the proceedings of the House of Delegates. (See page 410.)

by nonsectarian and cultist practitioners, cultist groups, for instance, find it not an overdifficult task to secure laws which seemingly place a premium, not on high, but on low standards of education and training. The letters of a cultist school printed in the April CALIFORNIA AND WESTERN MEDICINE (page 294) amply demonstrate that fact.

Apropos of what has been said above, Publication No. 16 of the "Committee on Costs of Medical Care" in discussing the existence in the United States of some thirty-six thousand practitioners of sectarian or cultist medicine, brings out the fact that the people of the United States pay these cultist practitioners about \$125,000,000 annually. The following statement is also significant: "As healing practitioners they are incompetent. Lacking the ability to recognize or diagnose disease, their existence is a menace to the public health. The greater part of the money spent for their services represents sheer waste."

State laws which lay down standards of admission necessary for legal permission to practice the healing art need close and constant scrutiny, because both the aspirants for legal licensure who do not possess proper educational and training qualifications, and the teaching and ownership interests in back of the production of such insufficiently trained practitioners, never cease in their respective efforts to secure legal recognition for themselves on the specious plea of lesser training being needed to care for limited expressions of healing art service. However, when once such legal sanction has been given by commonwealths to groups asking such special low requirement recognition, it has only been a matter of time when larger privileges of practice were requested or demanded and obtained. The State of California can point to more than one such extension of scope of practice, and has before it today the example already referred to, of one cultist group making just such an effort for legislation which would let its disciples become full-fledged physicians and surgeons on training standards which, three or more decades ago, by nonsectarian medicine were relegated to the past.

If these are the facts which face it, does it not behoove the organized medical profession to ask itself what can be done concerning legal licensure requirements, both as regards the today and the tomorrow?

When medical licensure acts are analyzed, it is apparent that they deal with two things: one, basic or preliminary education; and two, professional training. This report will now briefly consider each of these in turn.

I. AS REGARDS PRELIMINARY EDUCATION

The need of a Qualifying Certificate (Basic Science) Act should be self-evident to both the lay public and the medical profession. It should not be a difficult task to make lay persons understand that all members of a profession, whose members are turned to by lay citizens when aid is sought for the maintenance of personal health and the prevention of possible death, should have certain basic preliminary or qualifying education and that a decent minimum for such primary education would be an honest and full high school education.

Yet, strange and incomprehensible as it may seem, the people of California have seen fit to place on the statute books of the state, licensure laws which make a mockery of a four-year high school education, in that "equivalent education" which is accepted by one or more cultist boards is far below that which would be accepted as satisfactory high school admission requirements by any one of California's recognized institutions giving liberal arts, science, or engineering training.

Members of this special committee of the California Medical Association have given considerable time in the past in an effort to formulate the basis of a

qualifying certificate law that would be of such nature as to appeal to voters as nothing more than what should be a fair requirement to demand of all healing art practitioners. The basic subjects decided upon are all nonmedical (English, Chemistry, Physics, and Biology). The examining board to consist of five members nominated to the Governor, from their liberal arts and technical faculties by the presidents of the following institutions: University of California, Stanford University, Santa Clara University, University of Southern California, and California Institute of Technology. An examining board appointed from such sources is one which should appeal to all fair-minded citizens. In equal measure it could be assumed that it would function properly.

In case such a qualifying certificate law should be decided upon, there would come up the question of its enactment through action of the legislature in 1933 or by initiative vote of the citizens in November, 1932. The latter would be the safer and more desirable plan. Unfortunately, however, it would also be the more expensive. The costs might be reduced, however, if the coöperation of the professions of dentistry and pharmacy (which also maintain high school standards of preliminary education) could be secured, so that initiative petitions could be placed in the offices of doctors and dentists and in drug stores. In such an effort the California League for the Preservation of Professional Standards, which organization came into existence several years ago, would be glad to coöperate.

II. AS REGARDS CHANGES IN THE CALIFORNIA MEDICAL PRACTICE ACT

Medical licensure standards should be interpreted by a board of examiners whose members are in sympathy with the best standards of modern medical science. The medical profession should be able to best judge the qualifications of members for such a board. Certainly under the present system some aspirants for places on the state examining board bring pressure for appointment on the Governor of our State who, it may be taken for granted, would not be seriously considered by the House of Delegates of the California Medical Association. It therefore becomes a recurring task for Association officers, when vacancies exist, to be alert to possible changes in state examining board personnel, lest some one or more persons be appointed who would be *persona non grata* to the profession.

That is the reason why the old system in vogue in former medical practice acts of California, of having the Governor appoint the members of the Board of Medical Examiners from lists of twice the number of nominees, which nominees would be elected by the House of Delegates of the California Medical Association, is a method worthy of consideration.

If changes such as the above were contemplated it would also be desirable to consider codification of our present Medical Practice Act.

Here also the choice of legislative action or initiative comes up, and if the latter method were decided upon, the question of possible coöperation with the allied professions of dentistry and pharmacy, which professions are also considering these same matters, again is to be considered.

During this annual session at Pasadena, a conference will be held by the Council with representatives of these allied professions, and with the League above referred to, and it is hoped that at such conference the general policies for the immediate future in these matters of qualifying certificate and of professional licensure will be decided upon.

Respectfully submitted,

George H. Kress, *General Chairman.*

COUNCIL MINUTES

Minutes of the Two Hundred and Fourth Meeting of the Council of the California Medical Association at San Francisco, January 16, 1932

The following minutes were approved by the Council at its two hundred and sixth meeting, held at Pasadena on May 2, 1932.

Held in the offices of the Association, Room 2004, 450 Sutter Street, San Francisco, Saturday, January 16, 1932, at 10 a. m.

Present.—President J. B. Harris, President-elect J. M. King, Speaker of the House Edward M. Pallette, Chairman of the Council Oliver D. Hamlin, Chairman of the Executive Committee T. Henshaw Kelly; Councilors Mott H. Arnold, Robert A. Peers, William Duffield, Henry J. Ullmann, Fred R. DeLappe, Alfred L. Phillips, Karl L. Schaupp, Henry S. Rogers, George G. Hunter, Ruggles A. Cushman, William H. Kiger, Joseph Catton, George G. Reinle, and Editor George H. Kress, Secretary Emma W. Pope and General Counsel Hartley F. Peart.

Absent.—None.

1. **Call to Order.**—The meeting was called to order by the chairman, pro tem, T. Henshaw Kelly.

2. **Recess of Council.**—The attention of the Council was called to the fact that a meeting of the directors of the "Trustees of the California Medical Association" was called for 10 a. m.

Action by the Council.—On motion duly made, seconded and unanimously carried, the following resolution was adopted:

Resolved, That the Council of the California Medical Association declare a recess to permit the holding of a meeting of the "Trustees of the California Medical Association."

3. **Reconvening of Council.**—The chairman pro tem called the Council to order and declared that the first order of business would be consideration of the annual budget for 1933.

4. **Annual Budget for 1933.**—The secretary read the estimated income and expenses of the Association for the year 1933 as prepared by the Auditing Committee and approved by the Executive Committee. The chairman of the Auditing Committee then stated that no allocation had been made in the budget for the expense of the Department of Public Relations, it being considered advisable to allow the Council to make this apportionment after further discussion.

Action by the Council.—On motion of Pallette, seconded by Schaupp, the following resolution was adopted:

Resolved, That the estimated budget of income and expense for the year 1933 be approved by the Council as submitted.

Dr. O. D. Hamlin having come in, Vice-President Kelly relinquished the chair to him.

5. **Depositories for Savings of the Association.**—Discussion was had of the savings of the Association and the secretary reported on the sums deposited in savings accounts in various banks in California. Members of the Council felt that the investment of a portion of the funds in United States Government Bonds was advisable.

Action by the Council.—On motion of Hunter, seconded by Pallette, the following resolution was adopted:

Resolved, That of the funds of the California Medical Association, \$50,000 be transferred to the "Trustees of the California Medical Association"; and that the Council recommend to said "Trustees of the California Medical Association" that \$75,000 of its funds be invested in United States Government Bonds.

Letter from Dr. Mott Arnold with attached letter from the First National Bank of San Diego was presented, requesting that the California Medical Association deposit a portion of the savings of the Association in the First National Bank of San Diego.

Action by the Council.—On motion of Catton, duly seconded, the following resolution was adopted:

Resolved, That the Executive Committee be instructed to examine the deposits in the various banks and give its consideration to the matter of depositing a portion of such funds in the bank suggested by Doctor Arnold or in any other banks deemed desirable.

6. **Metropolitan Life Insurance Company.**—Doctor Kelly stated that a representative of the Metropolitan Life Insurance Company had asked to address the Council and if this met with the approval of the members a definite time should be set for his hearing. The Council fixed the hour of 11 a. m.

7. **Minutes of the Council.**—The chairman stated that the minutes of the 203rd meeting of the Council had been mailed to all councilors and if there were no objections, he would entertain a motion for their approval.

Action by the Council.—On motion of Duffield, seconded by Harris, and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the 203rd meeting of the Council as mailed to all members be approved.

8. **Minutes of the Executive Committee.**—The chairman stated that the minutes of the 130th and 131st meetings of the Executive Committee had been mailed to all members.

Action by the Council.—On motion of Harris, seconded by Reinle, and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the 130th and 131st meetings of the Executive Committee be approved.

9. **President-elect as Ex-officio Member of Special Committees.**—The secretary stated that the Committee on Public Relations had appointed the president-elect as an ex-officio member of the committee subject to confirmation by the Council and had recommended that through councilor action the president-elect be made an ex-officio member of all committees to which the president is appointed. It was felt that this provision should apply to all special committees, but that each appointment should be acted upon individually. It was pointed out that membership of standing committees was fixed by constitutional provision.

Action by the Council.—On motion of Hunter, seconded by Kelly, the following resolution was adopted:

Resolved, That the recommendation of the Public Relations Committee be adopted and the president-elect be declared an ex-officio member of said committee.

10. **Invited Guests.**—The secretary reported on invited guests for the Annual Session stating that Dr. Karl Menninger would speak before the general meeting on "The Psychogenic Factor in Physical Disease"; Dr. R. B. Greenough of Boston would speak on "What the Medical Profession Can Do to Diminish the Mortality from Cancer"; and Dr. Fred H. Albee, on "Bacteriophage in the Treatment of Osteomyelitis and Other Wounds"; that Dr. S. A. Levine of Boston had been invited but as yet no reply had been received. The secretary stated that invited guests would speak at the general meetings on Monday and Wednesday; that the Medical Economics Program would be held on Tuesday; and that Dr. Karl Menninger had asked that the date of his address be definitely fixed. The Council fixed Monday as the day for the address of Doctor Albee and Wednesday for the addresses of Doctors Greenough and Menninger.

11. **Exhibits at Annual Session.**—The secretary stated that Dr. William R. Molony, chairman of the Committee on Commercial Exhibits, had submitted a floor plan for exhibit space at Hotel Huntington and had expressed the belief that the same rates for space as were in effect at Hotel Fairmont should prevail at Hotel Huntington. Discussion was then had as to the size of space, expense of meeting, etc. The secretary stated that at the rates charged for the last annual meeting, if all space were sold, the Association would have an income of \$2800. It was felt that on account of the present conditions, size of space, and attitude of exhibitors, a reduction should be made.

Action by the Council.—On motion duly made, seconded and carried, the following resolution was adopted:

Resolved, That the cost of exhibit space be reduced 25 per cent from the estimated prices submitted by the secretary.

Doctor Duffield spoke of an exceptionally fine scientific exhibit which had been given at Los Angeles by Dr. Frederick Proescher of Agnew and suggested that Doctor Proescher be requested to exhibit at the annual session. The secretary was instructed to write to Doctor Proescher regarding the presentation of the exhibit at the next annual session.

12. Length of Annual Session Papers.—The secretary stated that the secretary of the Section of Pathology and Bacteriology had requested that that section be granted the privilege of waiving the fifteen minute ruling on the length of papers to permit the presentation of a valuable paper. It was the sense of the Council that it had no authority to make such ruling and that the matter should be left to the individual section.

13. Cancer Commission.—The secretary reported that Dr. Zera Bolin, chairman of the Pathology Section, stated he is preparing for special work for the Cancer Commission at the White Memorial Hospital at Los Angeles and that he would also like to attend the Program Meeting at Pasadena. Since the secretary of the Pathology Section lives in Los Angeles and is attending the Program Meeting without expense to the Association, Doctor Bolin asked if the Association would pay his expenses for attendance at the meeting in view of the special work for the Cancer Commission which he is to carry on.

Action by the Council.—On motion of Duffield, seconded by Harris, and unanimously carried, the following resolution was adopted:

Resolved, That the request of Doctor Bolin be referred to the Cancer Commission with power to act.

14. County Society and Officers Luncheon.—Discussion was had of the advisability of holding a luncheon meeting of officers of county societies and councilors at the annual session at which the activities and problems of the Association could be discussed. Doctors Kress, Kiger and Ullmann suggested that officers of the Association, councilors, members of standing committees and county society officers hold such luncheon and that the Public Relations Committee be requested to prepare topics for a round table discussion.

Action by the Council.—On motion of Catton, seconded by Pallette, and unanimously carried, the following resolution was adopted:

Resolved, That such luncheon be held on a day to be set by the chairman of the Program Committee and that the Executive Committee study the matter with power to act, along the lines of discussion, and suggest a more ideal type of luncheon.

15. Medical Legislation.—The general counsel stated that he would suggest that all legislative bills proposed by the Association be definitely referred to the attorney for approval as to title and constitutionality. Mr. Peart stated that a regular procedure providing that the measure was to be approved as to legality by the counsel would be advisable.

Action by the Council.—On motion of Duffield, seconded by Catton, and unanimously carried, the following resolution was adopted:

Resolved, That all bills or legislative measures sponsored or endorsed by the California Medical Association be submitted to the general counsel for approval as to form, title and constitutionality.

16. Ownership of X-rays.—Mr. Peart read the proposed form for ownership of x-rays, which the Executive Committee had asked him to present. It was the sense of the Council that the statement should be condensed. The question of the length of time for which films should be preserved was brought up and Doctor Ullmann made the suggestion that publicity be given to this point. It was decided that the statement

regarding the sending of films to physicians be omitted.

Action by the Council.—On motion of Kelly, seconded by Catton, the following resolution was adopted:

Resolved, That the matter of a statement for office notices covering ownership of x-ray plates be referred to the Executive Committee with power to adopt, distribute and give publicity to the suggestions.

Doctor Ullmann was asked to submit his suggestions before the next meeting of the Executive Committee.

17. Medical Licensure.—The general counsel presented a report[†] (copy of which is appended to these minutes), at the request of the Executive Committee on the desirability of considering an initiative act to establish a Doctor of Medicine (M. D.) Bureau of Licensure. Mr. Peart called the attention of the Council to the fact that such legislation would not destroy the present Board of Medical Examiners.

Doctor Kress as chairman of the special committee on the California Medical Practice Act and a possible Qualifying Certificate Act for California submitted a written report[‡] (a copy of which is appended to these minutes). In his discussion of that written report Doctor Kress stated that he could think of no objection to the incorporation of any of the recommendations submitted by General Counsel Peart, if such would be advantageous in producing a stronger Medical Practice Act for California.

He also called attention to the fact that the dental and pharmaceutical professions were also contemplating revisions of their respective practice acts, and that if such was the case it would probably be desirable to maintain contacts so that coordinated efforts could be made in these matters in case the California Medical Association decided to take any action for revision.

18. Recess of Council.—Doctor Shepard, medical director of the Metropolitan Life Insurance Company, having arrived, on motion of Kelly, seconded by Duffield, it was

Resolved, That a recess of ten minutes be declared and the courtesy of the floor be extended to Doctor Shepard.

19. Doctor of Medicine Act.—The chairman called the Council to order. Mr. Peart stated that he thought the Association should, if any initiative regulating practice were proposed, seriously consider an M. D. licensure measure.

Action by the Council.—On motion of Kress, seconded by Catton, and unanimously carried, the following resolution was adopted:

Resolved, That the reports be received and the matter be referred to the Executive Committee for study with power to act.

It was suggested that the councilors send to the State Office a written statement of their reactions to such proposed legislation.

20. Advisory Committee to the Department of Institutions.—Dr. Joseph Catton, chairman of the Advisory Committee to the Department of Institutions, submitted a report on the activities of his committee stating that the committee was attempting to establish standards for superintendencies in state hospitals and that a meeting would be held at luncheon to consider applicants for the superintendency of the Agnew State Hospital and the Pacific Colony. Doctor Catton stated that all applications would be considered from the standpoint of fitness of applicants for the positions and that a written report giving the conclusions of the Advisory Committee would be submitted to Doctor Toner at a dinner meeting to be held this evening.

Action by the Council.—On motion of Ullmann, seconded by Kelly, and unanimously carried, the following resolution was adopted:

Resolved, That the Council instruct this Advisory Committee, which had been appointed at the request of the California Director of the Department of Institutions, to go over the list of candidates at the

noon meeting and, if possible, to name and recommend a candidate or candidates for each position and to submit a written report before the evening meeting, and that those members of the Advisory Committee who feel it necessary to attend the evening meeting do so as individuals but not as the committee as a whole.

It was felt that discussion at the evening meeting should be limited by the members to the written report.

21. Health Propaganda.—Doctor Kress stated that Mrs. Edith Tate Thompson had information on health propaganda in California which would be of interest to the Council.

Action by the Council.—On motion of Kress, seconded by Hunter, the following resolution was adopted:

Resolved, That Mrs. Edith Tate Thompson be granted the privilege of the floor for five minutes during the afternoon session.

22. Constitution and By-Laws—Medical Society of the State of California.—The general counsel stated that the proposed amendments to the Constitution and By-Laws of the Medical Society of the State of California had been submitted to and approved by the Executive Committee and that on December 30 an annual meeting of members of the "Medical Society of the State of California" had been held, at which time the proposed amendments were discussed and adopted. Mr. Peart stated that under the amended Constitution and By-Laws the chairman and the secretary would act as attorneys-in-fact for the members and would select the attorney to defend the member in case of suit for alleged malpractice; that provision was made for a "Members' Fund" and a "Society Fund."

* 23. See footnote.

24. Election of Trustee of Indemnity Defense Fund. The secretary stated that a trustee for the Indemnity Defense Fund should be elected to fill the place of William Ellery Briggs, deceased.

Mott H. Arnold nominated Junius B. Harris as trustee for the Indemnity Defense Fund; such nomination was duly seconded. Doctor Kelly moved that the nominations be closed and the secretary be instructed to cast the ballot. The secretary cast the ballot and the chairman announced the election of Junius B. Harris as trustee of the Indemnity Defense Fund for the unexpired term of William Ellery Briggs; term expiring January 1, 1933.

25. Insurance Company.—The general counsel stated that he had just received from Doctor Wilson, secretary of the Los Angeles County Medical Association, a policy of an insurance company which was writing insurance in Los Angeles and that he would advise Doctor Wilson of his opinion regarding the health service advertised by this company. Discussion was then had of the health service being rendered in Los Angeles. Doctor Catton outlined a similar plan of health insurance which was being formulated in San Francisco and northern California.

26. Noon Adjournment.—The chairman stated that immediately following the noon adjournment a meeting of the "Trustees of the California Medical Association" would be held.

Action by the Council.—On motion duly made, seconded and carried, the following resolution was adopted:

Resolved, That the Council of the California Medical Association adjourn until 2 p. m.

27. Call to Order.—The afternoon meeting of the Council was called to order by the chairman, Oliver D. Hamlin.

28. Binding of Journal.—The editor stated that at the meeting of the Council of September 26, 1931, the question of the advisability of returning to the old system of stapling the JOURNAL had been discussed. Doctor Kress stated that at the time the change was made from stapling to sewing, numerous letters were

received from members commending the change. Doctor Kress stated that he had discussed the question with the printers and that they were agreed it was a backward step to return to stapling and they had expressed a willingness to reduce the cost of sewing.

Doctor Kress emphasized the fact that the present system of sewing the JOURNAL permitted the JOURNAL pages to lie absolutely flat when CALIFORNIA AND WESTERN MEDICINE was opened, and that this was a great convenience to most readers. Further that the total cost of such sewing for some six thousand (6,000) JOURNALS was \$99 per month, or less than 2 cents a copy, and that under the reduced charge which was made possible by lower costs of paper stock the cost of such sewing would be less than one cent per number.

Doctor Kress stated that he felt that members who rarely attended state society medical meetings, etc., should be given a journal which in its typographical make-up and binding would be as good and as convenient as was possible to produce.

Action by the Council.—On motion of Kress, seconded by Hunter, the following resolution was adopted:

Resolved, That the Association continue the sewing of the JOURNAL on the basis of a cost of \$50 per month for future issues.

A vote was then taken on the motion. Motion passed; Doctors Kelly, Schaupp, Ullmann and Catton voting in the negative.

29. Advisory Committee to the Department of Institutions.—Joseph Catton, chairman of the Advisory Committee to the Department of Institutions, submitted the report of his committee. It was felt that the words "appointed at your request" should be inserted in both letters after the words "Advisory Committee to the Department of Institutions."

Action by the Council.—On motion of Kress, duly seconded, the following resolution was adopted:

Resolved, That the report of the Advisory Committee to the Department of Institutions, which committee had been appointed at the request of the director of the Department of Institutions of the State of California, be approved as amended.

30. Publication of Annual Session Papers.—The editor called attention to the resolution regarding a possible limitation of annual session papers which it would be mandatory for the editors to print and which had been adopted at the 131st meeting of the Executive Committee which was held on December 12, 1931. That recommendation of the Executive Committee to the Council was as follows:

Resolved, That the Executive Committee recommend to the Council that the plan of limiting the number of papers which it is mandatory upon the editors to receive from each section be adopted; that the officers of each section stipulate which papers shall be published; and that in the event that the officers of the sections do not make such stipulation within sixty days after any annual session, the Publication Committee shall have the responsibility of selection.

As regards the allotment of papers which it would be mandatory to accept from a section, the following tentative grouping was suggested: Anesthesiology 3; Dermatology and Syphilology 4; Eye, Ear, Nose and Throat 5; General Medicine 10; General Surgery 10; Industrial Medicine and Surgery 4; Neuropsychiatry 3; Obstetrics and Gynecology 5; Pathology and Bacteriology 3; Pediatrics 3; Radiology 4; and Urology 5.

Discussion was then had of the policy of publication of only a selected number of papers. Doctors Ullmann and Peers expressed the opinion that if a member went to the trouble of preparing a paper for presentation before a section, he would expect it to be published in the JOURNAL and considerable dissatisfaction would result if, after preparation and presentation, he were informed that the paper would not be published.

The secretary stated that if selection of the papers for publication were delegated to section officers,

* Item 23 refers to a matter still under consideration. Publication will be made at a later date.

much unpleasantness would result and outstanding men in the various specialties would hesitate to accept positions as section officers. It was pointed out that the resolution provided for possible selection of papers by the Publication Committee, or it suggested that the section could decide.

Doctor Pope expressed the opinion that the limitation of the number of papers to be presented would be solved by the limitation of the number of meetings to be held by each section at any annual session. Doctor Kress stated he felt that sections should be permitted to have adequate papers. The possibility of publishing papers in abstract form and furnishing reprints of full manuscripts was pointed out.

It was the sense of the Council that the chairman of the Program Committee should discuss this matter fully at the meeting of the Program Committee at Pasadena.

Doctor Ullmann then suggested that the number of papers be limited in the future and only such papers be read as can be published and also if further censorship is necessary that each section appoint a committee of three in the section, the membership of which shall be known only to the chairman. It was suggested that if a section wished to delegate the responsibility to a committee instead of to the section officers that the committee be secret or non-secret as the section wished.

Doctor Kress called attention to the fact that the number of papers which were submitted at an annual session was far in excess of what could be printed yearly in the twelve numbers of CALIFORNIA AND WESTERN MEDICINE if that journal was to be no larger than at present. During this last year in 1931, in order to catch up with the papers that had been read at the Del Monte 1930 annual session, three extra folios were authorized, but in spite of that, a considerable number of unpublished manuscripts were still on hand.

The editor called attention to the fact that if it was mandatory to accept only about seventy papers, that the additional papers which were read at the section meetings could then be sent to other publications and that most of such papers would be accepted by specialty publications, especially when the topics considered were of a somewhat technical nature. During the last year it had fallen to the lot of the Committee on Publications to make such suggestion to a considerable number of essayists at the San Francisco annual session of 1931, because no assurance could be given for prompt publication in the year 1931 or in 1932.

Doctor Kress felt that the suggestion that was made to amend the Executive Committee resolutions so that the section could have either the officers or a committee, secret or otherwise, to pass on papers which were recommended for publication, was a good one, and that in the event that the section officers or section committee did not act, then the Committee on Publications and the editor would assume the responsibility.

Doctor Kress stated that in his opinion it would be impossible to cut down the number of papers in most of the sections to the number indicated in the tentative publication number suggested by the Executive Committee, and that it would be well to let the sections have their programs, even though publication of all the papers could not be promised in CALIFORNIA AND WESTERN MEDICINE; such members, however, having the right to submit their papers to other publications.

Action by the Council.—On motion of Kelly, seconded by Ullmann, the following resolution was adopted:

Resolved, That at the meeting of the Program Committee on January 30, the chairman of the Program Committee be instructed to do all in her power to limit the number of papers read at each section meeting, using the table included in the recommendation of the Executive Committee as a basis, and that either the officers of the section or a section commit-

tee, secret or non-secret, be appointed to select the papers that are to be published this year; with decision by the Publication Committee if such officers or committee did not act; and further that the Council recommend to the House of Delegates the limitation for the future of the number of papers to be read at any annual session.

31. **American College of Physicians.**—Doctor Kress presented correspondence regarding publicity for the program of the American College of Physicians' meeting, April 4 to 8, 1932, at San Francisco.

It was the sense of the Council that publicity be given the meeting of the College of Physicians in the JOURNAL.

32. **Advertising Agent.**—The editor stated that at the last meeting of the Council discussion was had regarding the securing of an advertising agent for CALIFORNIA AND WESTERN MEDICINE in Southern California. Doctor Kress then read the minutes of a meeting held at Los Angeles with Mr. Butterworth at which the Los Angeles councilors were present. Doctor Kress stated that Mr. Butterworth was willing to handle the Southern California advertising on the basis of the usual 25 per cent commission, if such commission were allowed on all advertising accounts originating in the southern territory. The advisability of allowing the northern and southern representatives the commission on advertising accounts which are handled through the State Office direct with the advertiser was discussed. Some members of the Council considered this inadvisable.

Action by the Council.—On motion of Duffield, seconded by Harris, the following resolution was adopted:

Resolved, That the matter of advertising agent for Southern California be referred to the Executive Committee for further study and that if deemed advisable, Mr. Flynn and Mr. Butterworth meet with the Executive Committee when the matter comes up for discussion; and further that a report be submitted at the next meeting of the Council.

33. **Department of Public Relations.**—Letter from Dr. J. Rollin French was presented and received. Discussion was had of the advisability of concerted effort on the part of the Council in organizing the Department of Public Relations. The problem of qualifications and salary of director was then discussed in detail. The names of Doctors Crosby and Dickie were selected as desirable candidates for the appointment.

Action by the Council.—On motion of Duffield, seconded by Phillips, and unanimously carried, the following resolution was adopted:

Resolved, That a special committee consisting of the president, the president-elect, the chairman of the Council, and the chairman of the Executive Committee, be instructed to consult with Doctor Crosby and ask him to act as director of the Department, either part time or full time until the next annual meeting; that he be asked to organize the Department and he be authorized, with the advice and consent of the Executive Committee, to put in whatever help he needs to work out this plan and that in case Doctor Crosby refuses to accept, a similar proposition be made to Doctor Dickie for full time from now until the annual session in May, 1932, his salary not to exceed \$6,000 per year and necessary expenses while traveling.

34. **Committee on Health and Public Instruction.**—The secretary presented the report of the chairman of the Committee on Health and Public Instruction, Dr. Fred B. Clarke, which report had previously been mailed to all councilors.

Doctor Kress spoke of an exhibit which he had recently seen at the Tulane University. It was the sense of the Council that Doctor Kress send the information to Doctor Pope so that she can secure full information on the exhibit for use in the preparation of the California exhibit.

35. Kern County Society.—Doctor Harris, chairman of the special committee appointed to confer with the Kern County Medical Society regarding the county hospital situation, reported that such meeting had been scheduled and postponed twice and had then been set for January 9, but owing to the illness of the General Counsel no meeting had been held on that date. Doctor Harris stated that the meeting was now scheduled to take place at the time of the next regular meeting of the Kern County Society, the third Thursday in February.

The secretary then presented a letter from Dr. N. N. Brown referring to the meeting of the special committee. It was the sense of the Council that the letter be referred to the chairman of the special committee, Doctor Harris.

36. Sheppard-Towner Legislation.—Junius B. Harris, chairman of the Legislative Committee, reported on the present status of the Sheppard-Towner legislation.

Action by the Council.—On motion of Duffield, seconded by Harris, the following resolution was adopted:

Resolved, That the California Medical Association oppose the Sheppard-Towner bill.

Doctors Kelly, Ullmann, Arnold and Schaupp voted in the negative.

37. Health Propaganda.—Mrs. Edith Tate Thompson, who for the last fifteen years had been director of the Bureau of Tuberculosis under the supervision of the California State Board of Health, spoke of some of her observations in the examination of students in the six different teachers' colleges of California. She stated that she had been impressed in her conference with many of such students, of the reaction which these students had toward scientific medicine and felt that it would be very much worth the while for the members of the medical profession to appreciate the desirability of proper contacts with these future teachers of the next generation of Californians; so that when they took up their teaching work they would have a proper comprehension of what scientific medicine had done for the world in the conservation of health and life.

Action by the Council.—On motion, duly made, seconded and unanimously carried, the following resolution was adopted:

Resolved, That the Council tender a vote of thanks to Mrs. Thompson.

38. Delegate and Alternate to the American Medical Association.—The secretary reported that the American Medical Association had notified the California Medical Association that it is entitled to one extra delegate and one corresponding alternate for the New Orleans session according to the last reapportionment; that the meeting was to be held four days after our annual meeting and therefore the Council would have to appoint the delegate who is to serve in order that the necessary seven days' prior notification may be given the Credentials Committee of the American Medical Association.

On nomination of Kiger, seconded by Duffield, and unanimously carried, William R. Molony, Sr., was elected delegate to the American Medical Association. Doctor Kelly moved that the nominations be closed and the secretary be instructed to cast the ballot. The secretary cast the ballot and the chairman announced the election of William R. Molony, Sr., as delegate to the American Medical Association for the 1932 annual session at New Orleans.

On nomination of Duffield, seconded by Kiger, and unanimously carried, John C. Ruddock was elected alternate to Doctor Molony. Doctor Kelly moved that the nominations be closed and the secretary cast the ballot. The secretary cast the ballot and the chair announced the election of John C. Ruddock as alternate to Doctor Molony for the 1932 annual session of the American Medical Association.

39. Veterans' Hospitals.—Letter was read from the American Medical Association requesting that the State Association appoint a committee to confer with

members of the American Legion Posts in order to create a better understanding regarding the present defects of veterans' legislation regarding hospitalization. The secretary stated that on account of the receipt of this letter, the recommendation of the Executive Committee referring the matter to county societies had not been carried out.

Action by the Council.—On motion of Catton, seconded by Kelly, the following resolution was adopted: Resolved, That a special committee consisting of Doctors Rogers, Phillips, Pallette and DeLappe be appointed to supervise these matters.

40. County Hospitals.—Doctor Cushman reported that in accordance with councilor action asking that individual members gather information on various county hospitals within their districts, he had two reports he wished to submit.

Action by the Council.—On motion of Kress, seconded by Kelly, the following resolution was adopted:

Resolved, That the reports be received and given over to the Standing Committee on Hospitals, Dispensaries and Clinics.

41. Santa Maria Hospital.—Doctor Ullmann reported on the present situation regarding the Santa Maria Hospital, stating that he had been in touch with Doctor Jones and had endeavored to secure detailed information but had been informed that the problem seemed to be working itself out.

42. Committee on Radio Broadcasting.—Doctor Kelly, chairman of the Special Committee on Radio Broadcasting, stated that since the Department of Public Relations was being organized, and there was at present a Committee on Health and Public Instruction, he felt that the work on radio broadcasting should be turned over to the section to which it belonged.

Action by the Council.—On motion of Kelly, seconded by Ullmann, the following resolution was adopted:

Resolved, That the Special Committee on Radio Broadcasting be discharged and the problem of radio broadcasting be left to those sections of the Society that would naturally handle it.

43. Membership in County Societies.—The secretary stated that a letter had been received from the San Bernardino County Society stating that the American Medical Association had dropped a member of the San Bernardino County Society from membership in the American Medical Association; that the San Bernardino County Society intended to retain him as a member in good standing and asked what status said member would have in the State Association.

It was stated that the American Medical Association had the authority to drop members if it saw cause so to do.

It was suggested that full information be secured from the American Medical Association.

44. Retired Membership.—Request of the Alameda County Medical Association for the granting of retired membership to Dr. George Rothganger was presented.

Action by the Council.—On motion of Kelly, seconded by Reinle, and unanimously carried, the following resolution was adopted:

Resolved, That George Rothganger, Emeryville, Alameda County, be granted retired membership in the California Medical Association.

Request of the Butte County Medical Association for the granting of retired membership to Dr. Edward E. Baumeister was presented.

Action by the Council.—On motion of Ullmann, seconded by Kelly, and unanimously carried, the following resolution was adopted:

Resolved, That Edward E. Baumeister, San Francisco, member of the Butte County Medical Association, be granted retired membership in the California Medical Association.

45. Recommendations by County Societies.—Discussion was had of the danger of recommendation of individuals for various political appointments unless

thorough consideration was given to each situation as it arose.

Action by the Council.—On motion of Ullmann, seconded by DeLappe, the following resolution was adopted:

Resolved, That the Council advise the local societies that the recommendation of individuals for political positions is sometimes dangerous and that thorough consideration should be given such recommendations.

46. **Public School Education.**—Letter from Doctor Pinkham regarding the value of instituting a series of talks by outstanding doctors to be presented to the pupils in the teachers' colleges was read.

Action by the Council.—On motion of Kelly, seconded by Ullmann, and unanimously carried, the following resolution was adopted:

Resolved, That the letter be referred to the Department of Public Relations, with the approval of the Council.

47. **Anti-Vivisectionist Literature.**—Doctor Kress reported on literature distributed by the Anti-Vivisectionists at the Pomona State Fair.

It was the sense of the Council that the correspondence be referred to the Department of Public Relations.

48. **Supporters of Medical Science.**—Correspondence was presented from "The Supporters of Medical Science," an organization for the public refutation of propaganda inimical to the medical profession.

Action by the Council.—On motion of Ullmann, seconded by Reinle, and unanimously carried, the following resolution was adopted:

Resolved, That the correspondence from the Supporters of Medical Science be tabled.

*49. See footnote.

50. **Advertising Campaign of Crocker National Bank.**—Correspondence regarding the educational advertising campaign to be carried on by the Crocker First Federal Trust Company was presented. The secretary stated that the company handling the campaign wished to run one of a series of advertisements devoted to the medical profession and had asked for a 200-word article on service rendered to the people of San Francisco by the profession. It was suggested that information be secured from Doctor Shepard for the article.

Action by the Council.—On motion duly made, seconded and unanimously carried, the following resolution was adopted:

Resolved, That the matter be referred to the Executive Committee.

51. **Councilor Visits.**—Discussion was had of topics for presentation to component county societies at annual visits. It was suggested that the coming annual session be stressed; the use of county hospitals; the organization of the Public Relations Department; the desirability of organization of sections in county medical societies on medical economics; and optional medicine defense, etc.

52. **Adjournment.**—There being no further business, the meeting adjourned.

O. D. HAMLIN, *Chairman.*

EMMA W. POPE, *Secretary.*

ADDENDA TO COUNCIL MINUTES

† Report of General Counsel on Licensing Acts

January 11, 1932.

On the subject of licensing acts, discussion has been had from time to time since the adoption of the Osteopathic and Chiropractic initiatives in 1922, of the course to be followed by the California Medical Association. In 1923 I advocated and assisted in the preparation of Senate Bill No. 330,[§] introduced at the

* Item 49 refers to a matter still under consideration. Publication will be made at a later date.

† For reference, see item 17, page 442.

§ Editor's Note.—The proposed Medical Practice Act referred to by the Legal Counsel in his letter of January 11, 1932, will be printed in the Miscellany department of a future issue of California and Western Medicine. Lack of space prevents its publication in this number.

instance of the League for the Conservation of Public Health. This bill establishes a Doctor of Medicine (M. D.) Bureau of Licensure. I attach a copy of the bill herewith, which I obtained from the file of the League for the Conservation of Public Health, and which I am obligated to return to that organization.

I suggested and advocated in 1923, following the adjournment of the legislature, an initiative along the lines of this bill. It is my firm belief that had such an initiative been presented to the people in the years immediately following the adoption of the Osteopathic and Chiropractic initiatives it would have stood a very favorable chance of passage. Whether or not it could be passed at this time would be problematical. To do so would not be easy and would involve, of course, considerable outlay.

The attached bill is presented as a suggestion merely, as certain changes are desirable therein, particularly the inclusion of the State Homeopathic Society.

In discussions had before the Council since that date, I have directed attention to the desirability of considering a licensing act of this character. The adoption of such an initiative would not destroy the State Board of Medical Examiners, which would continue to function for the miscellaneous group not coming within the definition of Doctor of Medicine under the proposed measure.

Very truly yours,

(Signed) HARTLEY F. PEART.

P. S.—This matter is presented pursuant to the direction of the Executive Committee.

‡ Report of the Committee on Medical Practice and Qualifying Certificate Acts

January 16, 1932.

Supplementary to the report which was made to the Council on September 26, 1931, and later report of date of December 12, 1931, made to the Executive Committee of the California Medical Association, the chairman of the Special Committee on Medical Practice Act and on a possible Qualifying Certificate Act begs leave to emphasize some of the points brought out in previous communications. Among such items are the following:

1. The Council of the California Medical Association should decide whether or not a revision of the State Medical Practice Act is desirable. If so, whether or not such revision should be through action of the legislature or initiative vote of the citizens. Further, what modifications of the Medical Practice Act which is now in force would be incorporated in either such legislative revision or initiative revision.

The chairman of your Special Committee on Medical Practice Act reiterates the recommendations made in previous reports that conditions of medical licensure in California are such that it would seem highly desirable to have a revision of the present Medical Practice Act, but that such revision of the said act should only be done through initiative vote of the citizens.

One of the essential modifications therein should be a provision whereby nominations of double the number of appointments provided for would be made by the California Medical Association, the governor to select the members of the State Board of Medical Examiners from such list of nominations as presented by the California Medical Association.

We believe it undesirable to attempt any special revision of our present Medical Practice Act through legislative action. We submit that it must be construed as a reflection upon organized medicine and upon the California Medical Association to have a Medical Practice Act which is so tied up with the Osteopathic Practice Act that organized non-sectarian medicine is unable to bring about amendments to its own act without the sanction of the osteopathic

‡ Editor's Note.—This report is referred to in item 17 of the Council minutes of January 16, 1932, on page 442.

group, as witness the failure during the last legislature to secure passage of the amendment making it obligatory for all recent graduates applying for licensure in California to have at least one year of internship.

2. As regards a Qualifying Certificate, or so-called Basic Science Act, the chairman of your special committee again emphasizes the desirability of such an act, provided the same is submitted through initiative vote of the citizens. He advises against any attempt at a qualifying certificate or so-called basic science act through legislative action.

The plan submitted contemplated a qualifying certificate board of five members from nominations submitted to the governor by the presidents of the following California institutions: The University of California; Stanford University; Santa Clara University; University of Southern California; and the California Institute of Technology.

The basic subjects to be English, Chemistry, Physics and Biology of standard equivalent to such knowledge through a four-year high school course. Such certificate to be submitted to every healing art practitioner's examining board before the applicant could take the examination of such healing art board.

In less than ten years more than three thousand practitioners of the healing art belonging to one of the cultist groups have been licensed in California, and these practitioners have been responsible for lowering standards of healing art practice and other deleterious effects. Many of these cultist practitioners have little more than a reading, writing and arithmetic preliminary education. Such a condition of affairs cannot be construed as other than a severe reflection upon healing art standards in California. A basic science act would go far in stopping this evil, at least as regards the infliction of new cultist groups upon the people of California.

3. It is suggested that if two such initiatives are considered, that a close alliance be made with the dental and pharmaceutical professions and with such allied organizations as the League for the Protection of Professional Standards and the League for the Conservation of Public Health so that all efforts might be united for the same end.

We understand that the dental profession of California is contemplating such an initiative. If the three professions work together and work hand in hand, it may be possible to reduce the cost of securing the requisite amount of signatures to a nominal sum.

In conclusion the chairman of your special committee desires to emphasize that whatever is done should be gotten under way at once, and if this Council decides that action is desirable, it might be well to pass resolutions to give the Executive Committee power to act in these matters, and it is so recommended.

Respectfully submitted,

(Signed) GEORGE H. KRESS,

*Chairman of the Special Committee on Medical Practice
Act of the California Medical Association.*

EXECUTIVE COMMITTEE*

**Digest of the Minutes of the 132nd Meeting
Held at San Francisco, February 27, 1932.**

1. Call to order.
2. Financial statements for December 1931 and January 1932 presented and approved.
3. Present depositories of funds approved.
4. Revolving Fund raised to \$1,000 to handle increased expenses of Cancer Commission and Department of Public Relations. Chairman of Council authorized to sign checks from Revolving Fund in absence of secretary.
5. Recommendation to Council that transportation expenses and lower berth of members of Committee on Public Relations and Executive Committee of Cancer Commission be authorized for three meetings yearly, exclusive of any held at annual session.

* For the information of members, digests or summaries of the minutes of the Executive Committee meetings are compiled for publication in California and Western Medicine.

6. Chairman of the Council authorized to sign checks on Salary Fund in the absence of the secretary.

7. Program for annual luncheon of officers of California Medical Association, the component county societies and members of standing committees outlined.

8. Hospital publicity in Monterey County considered, with special reference to unauthorized use of secretary's name. Resolutions condemning such action adopted.

9. Council meeting set for Sunday, May 1, at 8 p. m. at Hotel Huntington, Cottage No. 5.

10. Committee of Doctors Kelly, Hamlin, Harris and General Counsel Peart authorized to prepare final revision of forms of notices regarding ownership of x-ray plates.

11. Report by the editor on book review column in CALIFORNIA AND WESTERN MEDICINE and on State Medical Library plans.

12. Advertisement containing implied endorsement discussed. Secretary instructed to request elimination of such from all future copy.

13. Approval by Executive Committee of resolution that California delegates to American Medical Association introduce resolution in American Medical Association House of Delegates recommending study of Cuban "Health and Insurance Societies" by national association.

14. Manuscript laudatory of particular dispensary deemed not acceptable for publication in CALIFORNIA AND WESTERN MEDICINE.

15. Confirmation of previous action of Executive Committee regarding Amerop travel service.

16. Report by secretary on January advertising in CALIFORNIA AND WESTERN MEDICINE and on exhibit space sold for 1932 meeting.

17. Mr. Butterworth authorized to secure special advertising at usual commission for convention number of CALIFORNIA AND WESTERN MEDICINE.

18. Recess of Executive Committee to permit meeting of Board of Trustees of the "Medical Society of the State of California."

19. Call to order by chairman.

20. Resolutions passed by Executive Committee pending final action by Council adopting following organization for Department of Public Relations:

(a) The Department shall consist of a director and the following standing committees of the Association: Cancer Commission; Committee on Public Policy and Legislation; Committee on Medical Economics; Committee on Hospitals, Dispensaries and Clinics; and Committee on Health and Public Instruction.

(b) The function of the Department shall be to promote the leadership of the profession in public health activities, public health education, legislation dealing with public health and medicine and the betterment of medical care extended to all.

(c) The director shall be a Doctor of Medicine and shall serve the Council of the California Medical Association as managing director of the Department of Public Relations and shall be responsible to the Council; and with the aid of the Committee on Public Relations and the component committees of the Department, he shall carry out such activities in the Department as may be determined upon and assigned to it by the Council of the California Medical Association.

(d) He shall submit each year to the Auditing Committee as provided in the Constitution and By-Laws, a budget setting forth the estimated expenditures of his Department for the next succeeding fiscal year.

(e) The Committee on Public Relations shall assist the director in the correlation of the work of the component committees of the Department and shall submit plans and suggestions for the furtherance of the work of the Department to the Council and the House of Delegates.

(f) The component committees of the Department shall pursue such activities as are provided for them

by the Constitution and By-Laws of the California Medical Association and the director of the Department may extend the facilities of the office of the Department in furtherance of the work of said committees, as far as is feasible.

(g) Such committees may bring to the attention of the Council of the California Medical Association, through the Committee on Public Relations, such matters and suggestions as they may deem advisable.

21. Recommendation of Committee on Public Relations to the Council that a separate Bulletin be published by the Department of Public Relations referred to the Council by the Executive Committee.

22. Department of Public Relations instructed to use best efforts to establish county society committees on Public Relations through correspondence where possible.

23. Director of Public Relations instructed to secure further information concerning cooperation between National Committee on Costs of Medical Care and Doctor Porter's committee.

24. Recommendation of Committee on Public Relations that files of standing committees be turned over to the Department of Public Relations approved.

25. Sense of Executive Committee that no outline of duties of Department of Public Relations be published until after such duties had been fixed by Council of California Medical Association.

26. Problem in Kern County reported on by Doctor Hamlin. Doctor Dickie authorized to make such contacts through personal visit or correspondence as necessary and special committee authorized to attend annual convention of boards of supervisors of California and League of California Municipalities, if deemed desirable by chairman of Executive Committee.

27. Recess declared to permit meeting of "Trustees of the California Medical Association."

28. Call to order by chairman.

29. Noon adjournment.

30. Call to order by chairman.

31. Secretary submitted report of annual meeting of Program Committee and resolution regarding publication of annual session papers. Resolution of Program Committee that papers are accepted for presentation at annual session but publication cannot be guaranteed, adopted. Members of Program Committee invited to meet with Council on May 3.

32. Correspondence regarding fees for contract practice in Santa Clara County referred to chairman of Executive Committee and general counsel for reply.

33. Copy for use in advertising campaign of Crocker First Federal Trust Company amended and approved.

34. Anti-vivisectionists' propaganda at State Fairs discussed. Letter from Doctor Dickie presented.

35. Letter from Doctor Dickie suggesting that California Medical Association sponsor educational lectures in state teachers' colleges and cooperate with deans of medical schools for speakers read. Recommendation approved and referred to Doctor Dickie for action.

36. Report by Doctor Dickie on joint meeting of Cancer Commission and California Conference of Social Workers May 3. Suggested that choice of speakers be referred to Doctor Dickie and Doctor Pallette.

37. Pending decision by the Council on publicity by the Department of Public Relations, it was the sense of the Executive Committee that a page or two in CALIFORNIA AND WESTERN MEDICINE be given to publicity by the Department and that material be submitted to the editor.

38. Release from publication in CALIFORNIA AND WESTERN MEDICINE of paper to be presented at annual meeting, requested. Release granted.

39. Letter regarding eligibility for membership of physicians who support sectarian medicine read. Reply authorized.

40. Adjournment.

EMMA W. POPE, Secretary.

Digest of the Minutes of the One Hundred and Thirty-third Meeting of the Executive Committee, Held at San Francisco on April 9, 1932

1. Roll call. Two members absent.

2. Financial statement for the month of February presented and approved.

3. Ruling passed that bonds purchased with money in Permanent Quarters Fund constitute a part of the Permanent Quarters Fund and that the integrity of such fund be maintained.

4. Discussion of transportation for scientific exhibit which Council had requested be shown at Pasadena.

5. Request for advance of money authorized by Council for payment of Auxiliary entertainment considered. Regular procedure in payment by voucher check with expense statement attached adhered to.

6. Recommendation that Council attend meeting called by League for Preservation of Professional Rights, Pasadena, Tuesday, May 4, at 4 p. m.

7. Committee appointed to further investigate question of hospital advertisement. General counsel appointed to submit resolution on power of secretary to speak in the name of the Association.

8. Pre-Convention Bulletin ordered sent to president, chairman of Council and chairman of Executive Committee for consideration and possible deletions before publication.

9. Presentation of letter from Los Angeles Council of Social Agencies regarding authorship of pamphlet published by California Medical Association. Further information requested of Doctor Ruddock. Los Angeles Council of Social Agencies informed of action.

10. Correspondence regarding excessive fees presented. Copies of correspondence ordered sent member criticized with request that he furnish facts of case from his standpoint.

11. Progress report on value of libel insurance made by general counsel.

12. Informal meeting of trustees of the "Medical Society of the State of California" set for immediately after executive meeting.

13. Letter ordered sent to Utah Association regretting discontinuance of present contract with CALIFORNIA AND WESTERN MEDICINE and expressing hope of future affiliation.

14. Request by southern councilors that conference of advertising agents with Council be had at Pasadena. Transportation expense of advertising agent to Pasadena authorized.

15. Decision against acceptance of certain advertisement submitted for JOURNAL.

16. Question of inclusion of certain items in allocation of expense to JOURNAL raised by editor. Secretary instructed to have accountant work out revised form for submission to Council at May 1 meeting.

17. Recent ruling by attorney general that death certificate may be signed by chiropractors presented and filed.

18. Informative report on clinics situated in Los Angeles made by Doctor Kress.

19. Letter presented and referred to Dr. M. R. Gibbons for information regarding breaking down of fee schedules for industrial accident work.

20. Separate department with box heading set aside for use by Department of Public Relations in JOURNAL. Letter from Department of Public Relations authorized sent to all members of Association.

21. Reports by Dr. W. M. Dickie on present status of California Committee on Costs of Medical Care; on situation in Kern County and on formation of local committees on Public Relations in various component counties.

22. Item added to program of second meeting of House of Delegates, "Approval by House of Delegates of Members of Standing Committees Appointed by the Council."

23. Adjournment.

EMMA W. POPE, Secretary.

COUNCIL MINUTES

Minutes of the Two Hundred and Fifth Meeting of the Council of the California Medical Association at Pasadena, May 1, 1932

The following minutes were approved by the Council at its two hundred and sixth meeting, held at Pasadena on May 2, 1932.

Held in Room 18, Hotel Huntington, Pasadena, California, Sunday, May 1, 1932, at 8 p. m.

Present.—President Junius B. Harris; President-elect J. M. King; Speaker of the House E. M. Pallette; Chairman of the Council O. D. Hamlin; Chairman of the Executive Committee T. Henshaw Kelly; Councilors Mott H. Arnold, William Duffield, Fred R. DeLappe, Alfred L. Phillips, Karl L. Schaupp, Robert A. Peers, Henry S. Rogers, George G. Hunter, Ruggles A. Cushman, William H. Kiger and George G. Reinle; Editor George H. Kress; Secretary-Treasurer Emma W. Pope and General Counsel Hartley F. Peart. Dr. W. M. Dickie, director of the Department of Public Relations, was also present.

Absent.—Joseph Catton and Henry J. Ullmann.

1. Call to Order.—The meeting was called to order by the chairman, O. D. Hamlin.

2. Report of the Council.—The report of the Council as prepared by the chairman, O. D. Hamlin, was presented to the Council for suggestions and correction. The report was read in full and after consideration certain changes in wording were suggested. It was stated that the amended report would be considered at the Monday meeting of the Council.

It was felt that a recommendation on the annual dues for 1933 should be made to the House of Delegates and such recommendation should be included in the report to the Council.

Action by the Council.—On motion of Duffield, seconded by Kelly and unanimously carried, the following resolution was adopted:

Resolved, That in view of the activities of the new Department of Public Relations, the Cancer Commission and other committees which may require additional funds, the Council recommend to the House of Delegates that the annual dues for 1933 be fixed at \$10.

Action by the Council.—On motion of Kelly, seconded by Phillips and unanimously carried, the following resolution was adopted:

Resolved, That the report of the Council as amended be adopted.

(Editor's Note: For report of the Council, see page 408.)

3. Tuolumne County Society.—Full discussion was had of the various data on file with the secretary regarding the inactivity of the Tuolumne County Society.

Action by the Council.—On motion of Kress, seconded by Hunter and unanimously carried, the following resolution was adopted:

Resolved, That the Council instruct the district councilor, Fred R. DeLappe, to make a survey of the situation and bring in a written report with recommendations at the autumn meeting of the Council.

4. Section on Physical Therapy.—The secretary read a petition for the formation of a Section on Physical Therapy submitted by a member of the San Francisco County Medical Society and signed by twenty members of the Association.

Action by the Council.—On motion of Kelly, seconded by Schaupp and unanimously carried, the following resolution was adopted:

Resolved, That in view of the number of Sections of the California Medical Association already existing, the Council recommend to the House of Delegates that the formation of a Section of Physical Therapy be not approved.

5. Report of the Secretary-Treasurer.—The report of the secretary-treasurer as published in the Pre-Convention Bulletin was presented for consideration by the Council. Doctor Kress pointed out that the statement in the next to the last paragraph of the

report was ambiguous since the amount indicated, \$15,252.10, included, in addition to salaries of editors and one-third of the clerical force, items of office expense and miscellaneous expense, and that the correct amount for salaries of editors and one-third of the clerical force was \$10,694.

Action by the Council.—On motion of Kress, seconded by Kelly and unanimously carried, the following resolution was adopted:

Resolved, That in presentation of the report to the House of Delegates, a proper explanation of this discrepancy be made.

6. Annual Session Expense.—It was stated that Dr. W. R. Molony of Los Angeles wished to appear before the Council on behalf of the Entertainment Committee.

Action by the Council.—On motion of Duffield, duly seconded and unanimously carried, the following resolution was adopted:

Resolved, That Dr. William R. Molony be granted the privilege of the floor.

Doctor Molony then stated that the Los Angeles County Medical Association had appropriated \$1,000 for the proper entertainment of guests at the Pasadena session and that on behalf of the Los Angeles County Medical Association and the Committee on Arrangements he wished to request that the California Medical Association allocate \$500 from the income of commercial exhibits for the use of the Entertainment Committee.

Action by the Council.—On motion of Kelly, seconded by Duffield, and unanimously carried, the following resolution was adopted:

Resolved, That the request of the Entertainment Committee be granted and that \$500 be allocated by the California Medical Association for the proper entertainment.

7. Report of the Auditing Committee.—T. Henshaw Kelly, chairman of the Auditing Committee, read the report of the committee as published in the Pre-Convention Bulletin.

Discussion was then had of the resolution of the Executive Committee providing for allocation of General Expenses against the JOURNAL.

It was then pointed out that under past action of the Council, one-third of all general expense had been allocated to the JOURNAL for many years, and that in this general expense were included such items as one-third of the salaries of clerical force, rent, office supplies, office expense, telephone and telegrams, annual meeting expense, Council expense and Executive Committee expense. Doctor Kress stated that he felt that some of the items here included were not properly chargeable to the JOURNAL, i. e., expenses of guest speakers, annual meetings, transportation of councilors and expense of Council and Executive Committee meetings.

Doctor Kelly stated that the Auditing Committee had thoroughly reviewed the allocation of expenses and had investigated the actual work of the central office in connection with the JOURNAL; that he was agreed that such items as expenses of guest speakers and annual meetings should not be charged one-third to the JOURNAL; but that under the present Council action the Auditing Committee was not authorized to make any other allocation.

Action by the Council.—On motion of Kress, seconded by Harris and unanimously carried, the following resolution was adopted:

Resolved, That the report of the Auditing Committee be adopted.

8. Annual Budget for 1933.—The annual budget for 1933 as prepared by the Auditing Committee and approved by the Executive Committee and Council was submitted for discussion and inclusion of an item covering estimated expense of the Department of Public Relations, which Department had been organized since the budget was prepared. It was stated that \$10,000 per year had been decided upon as a rough estimate of the expenses of the Department, and the Council authorized the inclusion of said item in the tentative budget for 1933.

9. **Report of Editor.**—The chairman stated that the next order of business was the consideration of the report of the editor. Doctor Kress then presented the report as published in the Pre-Convention Bulletin.

Action by the Council.—On motion duly made and seconded and unanimously carried, the following resolution was adopted:

Resolved, That the report of the editor be accepted.

10. **Report of the Trustees of the California Medical Association.**—Dr. O. D. Hamlin, president of the "Trustees of the California Medical Association," presented the report of the trustees. It was felt that the sentence covering transfer of funds should be changed to read: During the year 1931 twenty-five thousand dollars was transferred to the trustees and since that time an additional \$50,000 has been transferred, of which \$21,163.41 has been invested in Government Bonds.

Action by the Council.—On motion duly made and seconded and unanimously carried, the following resolution was adopted:

Resolved, That the report of the "Trustees of the California Medical Association" as amended be approved.

11. **Report of the Department of Public Relations.**—Dr. Walter M. Dickie, director of the Department of Public Relations, presented the report of the Department as prepared by him.

Action by the Council.—After discussion, on motion of Duffield, seconded by Reinle and unanimously carried, the following resolution was adopted:

Resolved, That the report of the Department of Public Relations be accepted and that this report be read in full at the first meeting of the House of Delegates.

12. **Report of Legal Department.**—The general counsel, Mr. Peart, gave a detailed report on the activities of the Legal Department during the past year. Mr. Peart also reported on the status of claims and cases handled through the old Indemnity Defense Fund and through "The Medical Society of the State of California." Discussion was then had of the amended Constitution and By-Laws and Medical Defense Rules of "The Medical Society of the State of California." The proposed group policy for members of "The Medical Society of the State of California" was then presented and discussed by the general counsel, and the contract read in full for the information of the Council.

The general counsel was commended on the excellence of the report.

Action by the Council.—On motion of Kelly, seconded by Harris and unanimously carried, the following resolution was adopted:

Resolved, That the report of the Legal Department be accepted.

13. **Delegate to the American Medical Association.**—Letter from Dr. Charles A. Dukes, alternate to Irving Ingber, was presented, which letter stated that neither Doctor Dukes nor Doctor Ingber could attend the 1932 House of Delegates session of the American Medical Association.

William Duffield then nominated William H. Sargent, of Oakland, Alameda County, as delegate to the American Medical Association for the 1932 annual session to be held at New Orleans; such nomination was seconded by George Reinle. The secretary cast the ballot and the chairman announced the election of William Sargent of Oakland as delegate to the American Medical Association for the 1932 session to be held at New Orleans, May 9 to 13, 1932.

(Note.—For final action, see item 5 of the minutes of the 206th meeting of Council, page 451.)

14. **Committees of House of Delegates.**—Edward M. Pallette, speaker of the House of Delegates, announced that he had appointed as members of the Credentials Committee, George G. Reinle, Oakland, chairman; Harry E. Zaizer, Orange and Ferdinand Stabel, Shasta; and as Reference Committee on Reports of Officers and Standing Committees, P. T. Phillips of Santa Cruz, chairman; Alson R. Kilgore

of San Francisco and Carl R. Howson of Los Angeles.

(Note.—For final action, see item 7 of the minutes of the 206th meeting of Council, page 451.)

Doctor Pallette stated that the Committee on Resolutions and New and Miscellaneous Business would be appointed after the House was seated.

15. **Program of House of Delegates Meetings.**—The programs of the first two meetings of the House of Delegates were presented and approved by the Council as published in the Official Program of the sixty-first annual session.

16. **Department of Institutions.**—Doctor Harris stated that Doctor Toner had asked to be granted the privilege of the floor of the House of Delegates for a four-minute talk on the Department of Institutions.

Action by the Council.—On motion of Kelly, seconded by Harris and unanimously carried, the following resolution was adopted:

Resolved, That the Council recommend that Doctor Toner be granted the privilege of the floor of the House of Delegates for not to exceed ten minutes.

17. **Legislation.**—Telegram from the American Medical Association regarding S. B. 3090, American Medical Association Medicinal Liquor Bill, and H. R. 10524, revivification of the Sheppard-Towner legislation, was read by the chairman of the Committee on Public Policy and Legislation, Junius B. Harris.

Action by the Council.—On motion of Harris, seconded by Duffield and unanimously carried, the following resolution was adopted:

Resolved, That the matter be referred to the Committee on Public Policy and Legislation with power to act.

18. **Associate Editor.**—The chairman read the resignation of Emma W. Pope of San Francisco as associate editor of CALIFORNIA AND WESTERN MEDICINE.

Action by the Council.—On motion of Kelly, seconded by DeLappe, the following resolution was adopted:

Resolved, That the resignation of the associate editor be laid on the table.

It was the sense of the Council that this would be considered at its reorganization meeting.

19. **Adjournment.**—There being no further business, the meeting adjourned to meet at 2:30 p. m., Monday, May 2, 1932.

O. D. HAMLIN, *Chairman.*
EMMA W. POPE, *Secretary.*

* * *

Minutes of the Two Hundred and Sixth Meeting of the Council of the California Medical Association at Pasadena, May 2, 1932

The following minutes were approved by the Council at its two hundred and seventh meeting, held at Pasadena on May 3, 1932.

Held in Room 18, Hotel Huntington, Pasadena, California, Monday, May 2, 1932, at 2:30 p. m.

Present.—President J. B. Harris; President-elect J. M. King; Speaker of the House E. M. Pallette; Chairman of the Council O. D. Hamlin; Chairman of the Executive Committee T. Henshaw Kelly; Councilors Mott H. Arnold, William Duffield, Fred R. DeLappe, Alfred L. Phillips, Karl L. Schaupp, Robert A. Peers, Henry Ullmann, George G. Hunter, Ruggles A. Cushman, William H. Kiger and George G. Reinle; Editor George H. Kress, Secretary Emma W. Pope, and General Counsel Hartley F. Peart.

Absent.—Doctors Joseph Catton and Henry S. Rogers.

1. **Call to Order.**—The meeting was called to order by the chairman, O. D. Hamlin.

2. **Transactions of Annual Meeting.**—The secretary read a letter from the editor asking that an extra folio be authorized for the June number of the JOURNAL so that all minutes of the annual session at Pasadena might be placed before the members immediately following the session.

Action by the Council.—On motion of Schaupp, seconded by Harris and unanimously carried, the following resolution was adopted:

Resolved, That one extra folio of sixteen pages be authorized for the June number of CALIFORNIA AND WESTERN MEDICINE to permit publication of all annual session minutes.

3. **Committee on Clinical and Research Prizes.**—George Dock, chairman of the Committee on Clinical and Research Prizes, reported that the committee would recommend that the prize for experimental work be given to the author of the paper listed as I. Guthrie Bayard, title "Resection of the Pylorus." The committee recommended that the Clinical Prize be awarded the author of the paper, "Researches in New Solutions for the Injection Treatment of Hydrocele," under the nom de plume Epictetus.

Thereupon the secretary opened the envelopes containing the nom de plumes and advised that the paper "Pyloric Resection" was written by Harold L. Thompson of Los Angeles; and the paper entitled "Researches in New Solutions—Injection Treatment of Hydrocele," by Norman J. Kilbourne and Charles J. Murray, both of Los Angeles.

It was ordered that the awards be included in the report of the Council for presentation at the first meeting of the House of Delegates.

4. **Medical Appointments by Governor Rolph.**—Junius B. Harris, president, read a telegram received from the Honorable James Rolph stating that he had appointed as members of the Board of Medical Examiners Fred R. DeLappe, William R. Molony and Charles T. Sturgeon.

Action by the Council.—On motion of Harris, seconded by Pallette, and unanimously carried, the following resolution was adopted:

Whereas, From the date of his inauguration as governor of the State of California, the Honorable James Rolph, Jr., has shown his deep interest in the public health of the state; and

Whereas, He has appointed Dr. J. M. Toner, a physician, a member of the California Medical Association, to the office of Director of Institutions; and Dr. John H. Galloway, a member of this Association, a regent of the University of California; and

Whereas, He has appointed to the Department of Public Health John H. Graves, M.D., a past president of the California Medical Association; J. B. Harris, M.D., president of the California Medical Association; E. M. Pallette, M.D., speaker of the House of Delegates of the California Medical Association; Gifford L. Sobey, M.D., a member of the California Medical Association; William R. P. Clark, M.D., a member of the California Medical Association; Burt S. Stevens, M.D., a member of the California Medical Association; Percival Dolman, M.D., a member of the California Medical Association; and Giles S. Porter, M.D., a member of the California Medical Association; and

Whereas, He has appointed to the Board of Medical Examiners P. T. Phillips, M.D., a past president of the California Medical Association; Charles B. Pinkham, M.D., a member of the California Medical Association; William R. Molony, M.D., president of the Los Angeles County Medical Association; Charles Sturgeon, M.D., vice-president of the Los Angeles County Medical Association, and Fred R. DeLappe, M.D., councilor of the California Medical Association; and

Whereas, Governor James Rolph, Jr., has honored the State of California, himself personally, and the medical profession as a whole by these appointments; now, therefore be it

Resolved, By the Council of the California Medical Association at its sixty-first annual session held at Pasadena, this second day of May, 1932, that a vote of heartiest appreciation be extended to his Excellency, Governor James Rolph, Jr., for his appointments to these offices which are so important to the welfare of the citizens of California; and be it further

Resolved, That these resolutions be spread on the minutes of this Council, and a copy be transmitted to the Honorable James Rolph, Jr.

A copy of the resolution was ordered transmitted to the governor.

5. **Delegates to the American Medical Association.** The Council was informed that William Sargent, elected to serve instead of Irving S. Ingber, delegate to the New Orleans session of the American Medical Association, was unable to attend. Doctor Kress reported that Percy T. Magan, delegate, would also be unable to attend the New Orleans session. It was stated that delegates must be certified by wire immediately in order to be seated by the Credentials Committee.

Action by the Council.—On motion duly made, seconded and unanimously carried, the following resolution was adopted:

Resolved, That the action taken at the 205th Council meeting regarding delegates to the American Medical Association be reconsidered.

Action by the Council.—On motion of Reinle, seconded by Ullmann, and unanimously carried, the following resolution was adopted:

Resolved, That the action taken at the 205th meeting of the Council on election of delegates to the American Medical Association be rescinded.

Alfred L. Phillips of Santa Cruz was nominated by Ruggles A. Cushman of Santa Ana to serve as delegate to the American Medical Association House of Delegates session at New Orleans, 1932; such nomination was seconded by Fred R. DeLappe. On motion duly made and seconded the nominations were closed and the secretary was instructed to cast the ballot. The secretary cast the ballot and the chairman announced the election of Alfred L. Phillips as delegate to the American Medical Association at New Orleans for the 1932 session; to serve in the place of Irving S. Ingber, delegate.

Lyell C. Kinney of San Diego was nominated by Karl Schaupp of San Francisco to serve as delegate to the American Medical Association House of Delegates session at New Orleans, 1932; such nomination was seconded by Alfred L. Phillips. On motion duly made and seconded the nominations were closed and the secretary was instructed to cast the ballot. The secretary cast the ballot and the chairman announced the election of Lyell C. Kinney as delegate to the American Medical Association at New Orleans for the 1932 session; to serve in the place of Percy T. Magan, delegate.

A telegram of notification was ordered immediately sent to the secretary of the American Medical Association giving the credentials of the newly elected delegates to the 1932 session at New Orleans.

6. **Minutes of the Council.**—The chairman stated that the minutes of the 204th meeting of the Council had been mailed to all members and if there were no objections, he would entertain a motion for their approval without further reading.

Action by the Council.—On motion of Duffield, seconded by DeLappe and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the 204th meeting of the Council be approved.

The chairman stated that the minutes of the 205th meeting of the Council would be read by the secretary. The secretary then read the minutes of the 205th meeting of the Council.

Action by the Council.—On motion of Ullmann, seconded by Peers, and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the 205th meeting of the Council be approved.

7. **Membership of Committees of House of Delegates.**—The speaker advised that owing to the inability of Doctors Ferdinand Stabel and Carl Howson to serve on committees of the House of Delegates, he had appointed Dr. William H. Kiger as a member of the Credentials Committee and Dr. Harry H. Wilson as a member of the Reference Committee on Reports of Officers and Standing Committees.

8. Minutes of the Executive Committee.—The chairman stated that the minutes of the 132nd and 133rd meetings of the Executive Committee had been mailed to all councilors.

Action by the Council.—On motion of Schaupp, seconded by DeLappe, and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the 132nd and 133rd meetings of the Executive Committee be approved.

9. Standing Committees.—The chairman advised the Council that vacancies in standing committees caused by the expiration of terms of office should be given consideration prior to Tuesday's meeting at which time elections would be had.

Doctor Cushman of Santa Ana asked that the vacancy on the Committee on History and Obituaries be considered at this meeting as a special order of business. So ordered.

On nomination of Cushman, seconded by King, Charles D. Ball was elected to fill the vacancy on the Committee on History and Obituaries for the term of three years. On motion duly made, seconded and carried, the nominations were closed and the secretary was instructed to cast the ballot. The secretary cast the ballot and the chairman announced the election of Charles D. Ball as a member of the Committee on History and Obituaries to succeed himself, for a term of three years.

Action by the Council.—On motion of Duffield, seconded by Schaupp, the following resolution was adopted:

Resolved, That the remaining elections of members of Standing Committees be placed on the docket for consideration prior to the second meeting of the House of Delegates.

10. Report of the Council.—The amended report of the Council was presented and approved.

11. Budget.—The amended budget of income and expenses for the year 1933 was presented. Discussion was then had of the inclusion of a separate item for the Cancer Commission, which is a part of the Department of Public Relations. It was the sense of the Council that the item be included as "Department of Public Relations (including Cancer Commission)" and a lump sum be indicated.

Action by the Council.—On motion of DeLappe, seconded by Duffield, and carried, the following resolution was adopted:

Resolved, That the item in the budget be set at \$14,500 for the Department of Public Relations of which \$4,500 shall be allocated to the Cancer Commission.

12. Department of Public Relations.—Consideration was had of the recommendation of the Committee on Public Relations that a separate and distinct bulletin be authorized for the Department of Public Relations. Doctor Dickie stated that an approximate estimate of the cost of publication and distribution of such bulletin was \$2,200 yearly, on the basis of a monthly publication.

Action by the Council.—On motion of Duffield, seconded by Kiger, the following resolution was adopted:

Resolved, That there be no allocation of funds at this time for the publication of a bulletin by the Department of Public Relations, but that space be given in the JOURNAL for whatever matter the Department of Public Relations may submit.

13. Kent County Survey.—Doctor Kress presented a survey of Kent County, Michigan, on medical economics.

Action by the Council.—On motion of Kress, duly seconded, the following resolution was adopted:

Resolved, That the secretary be authorized to order a sufficient number of reprints of the Kent County survey to send one copy to each member of the Council and to the chairman of each standing committee.

Doctor Kress stated that the survey costs 50 cents per copy.

Doctors Duffield and Harris voted in the negative.

14. Kern County Society.—Doctors Hamlin and Dickie and Mr. Peart reported on the situation in Kern

County. Mr. Peart stated that a resolution would be presented by the Kern County Medical Society to the Board of Supervisors asking that they appoint a committee similar to the County Institutions Commission of Alameda County.

Action by the Council.—On motion of Ullmann, seconded by Schaupp, and unanimously carried, the following resolution was adopted:

Resolved, That Mr. Peart draw up a resolution or communication along the lines suggested by him for submission to the Kern County Society and to each component county society in the Association, and that the resolution be presented for consideration at the next Council meeting.

15. League for the Preservation of Professional Rights.—The secretary announced that the meeting of the League for the Preservation of Professional Rights would be held Tuesday at 4 p. m.

Action by the Council.—On motion of Peers, seconded by Duffield, and unanimously carried, the following resolution was adopted:

Resolved, That the Council attend the meeting of the League for the Preservation of Professional Rights at 4 p. m. Tuesday.

17. County Society, Officers, and Standing Committeemen's Luncheon.—The secretary stated that the luncheon of officers, county society officers, and standing committeemen would be held on Tuesday at 1 p. m. in the Crystal Room.

18. Adjournment.—There being no further business, the meeting adjourned to meet at 9:30 a. m. Tuesday, May 3, 1932.

O. D. HAMLIN, *Chairman.*
EMMA W. POPE, *Secretary.*

* * *

Minutes of the Two Hundred and Seventh Meeting of the Council of the California Medical Association at Pasadena, May 3, 1932

The following minutes were approved by the Council at its two hundred and eighth meeting on May 4, 1932.

Held in Room 18, Hotel Huntington, Pasadena, California, Tuesday, May 3, 1932, at 9:30 a. m.

Present.—President Junius B. Harris; President-elect J. M. King; Speaker of the House E. M. Pallette; Chairman of the Council O. D. Hamlin; Chairman of the Executive Committee T. Henshaw Kelly; Councilors Mott H. Arnold, William Duffield, Fred R. DeLappe, Alfred L. Phillips, Karl L. Schaupp, Robert A. Peers, Henry S. Rogers, George G. Hunter, Ruggles A. Cushman, William H. Kiger, Henry J. Ullmann, and George G. Reinle; Editor George H. Kress; Secretary-Treasurer Emma W. Pope; and General Counsel Hartley F. Peart.

Absent.—Joseph Catton.

1. Call to Order.—The meeting was called to order by the chairman, O. D. Hamlin.

2. Minutes of the Council.—Minutes of the 206th meeting of the Council were read by the secretary.

Action by the Council.—On motion duly made, seconded and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the 206th meeting of the Council be approved as read.

3. Section Program.—The secretary reported that one of the invited guests had brought a sound picture from the East and was desirous of presenting it before the annual session. Doctor Pope stated that arrangements would have to be made for use of the ballroom with the Sections on General Medicine and General Surgery.

Action by the Council.—On motion of Kress, seconded by DeLappe, and unanimously carried, the following resolution was adopted:

Resolved, That the chairman of the Program Committee be directed to take the matter up with the sections involved, with power to act.

4. Journals for Members of Woman's Auxiliary.—Doctor Kress stated that a number of the members

of the Woman's Auxiliary desired to receive copies of the JOURNAL and he had been asked if a special subscription price similar to that offered Utah and Nevada could be secured.

Action by the Council.—On motion of Kress, seconded by Peers, and unanimously carried, the following resolution was adopted:

Resolved, That the Association grant to members of the Woman's Auxiliary the right to subscribe to the JOURNAL at a special rate of \$2 per annum.

5. **Financial Statement.**—Financial statement for the month of March, 1932, was presented by the secretary-treasurer and approved as follows:

MARCH, 1932	
Total receipts for March.....	\$17,287.02
Total expenses for March.....	7,042.12
Gain for March.....	\$10,244.90
Gain for two months.....	18,919.31
Total gain for 1932.....	\$29,164.21
Cash on hand, January 31, 1932.....	\$32,791.28
Cash on hand, Revolving Fund.....	1,000.00
Cash on hand, petty cash.....	50.00
Cash on hand, Salary Fund.....	1,300.00
Total cash on hand, March 31, 1932.....	\$64,305.49

6. **Better Health.**—Invoice from Better Health, Inc., covering subscriptions for the ensuing year to *Better Health* for legislators was presented.

Action by the Council.—On motion of Ullmann, duly seconded, the following resolution was presented: Resolved, That the invoice be paid.

A vote was then taken and the motion was defeated.

7. **Depositories of Association.**—Discussion was had of the depositories of the Association. The secretary presented a report on funds of the "Trustees of the California Medical Association."

Action by the Council.—On motion of Peers, seconded by Hunter, and unanimously carried, the following resolution was adopted:

Resolved, That in addition to the funds of the "Trustees of the California Medical Association" already invested in Government bonds, another \$25,000 be similarly invested.

8. **Membership.**—Request of the Sacramento County Society for granting of retired membership to Willis E. King was presented and discussed.

Action by the Council.—On motion of Ullmann, seconded by Kelly, and unanimously carried, the following resolution was adopted:

Resolved, That action be deferred until more information is secured.

Request of the Sacramento County Society for granting of retired membership to Samuel E. Simmons was presented.

Action by the Council.—On motion of Kelly, seconded by Hunter, and unanimously carried, the following resolution was adopted:

Resolved, That Samuel E. Simmons, Inverness, member of the Sacramento Society for Medical Improvement, be granted retired membership in the California Medical Association.

Request of the San Bernardino County Society for the granting of retired membership to Homer A. Bogue of Ontario was presented.

Action by the Council.—On motion of Peers, seconded by DeLappe, and unanimously carried, the following resolution was adopted:

Resolved, That Homer A. Bogue, Ontario, member of the San Bernardino County Society, be granted retired membership in the California Medical Association.

Request of the Los Angeles County Medical Association for granting of retired membership to John L. McDaniel, San Fernando, was presented.

Action by the Council.—On motion of Ullmann, seconded by Pallette, and unanimously carried, the following resolution was adopted:

Resolved, That John L. McDaniel, San Fernando, member of the Los Angeles County Medical Association, be granted retired membership in the California Medical Association.

Request of the Alameda County Medical Association for granting of retired membership to Charles L. McVey, Oakland, was presented.

Action by the Council.—On motion of Ullmann, seconded by Cushman, and unanimously carried, the following resolution was adopted:

Resolved, That Charles L. McVey, Oakland, member of the Alameda County Medical Association, be granted retired membership in the California Medical Association.

It was the sense of the Council that applications for retired membership of members still in practice should not be granted.

9. **Program Committee.**—Dr. Lemuel P. Adams of Oakland, member of the Committee on Scientific Work, reported on the suggestions of the committee regarding annual session programs. Doctor Adams stated that the members of the committee felt that the invited guests should be selected by the Program Committee.

Doctor Adams stated that the committee would like to suggest the reelection of John Homer Woolsey of San Francisco, whose term of office has expired.

Doctor Kress stated that he felt that in the annual program each section should give notice of the time of the business meeting and election of officers.

Action by the Council.—On motion of Kelly, seconded by Schaupp, and unanimously carried, the following resolution was adopted:

Resolved, That in succeeding programs, the time and place of election of section officers be included.

10. **Annual Session Papers.**—Discussion was had of the resolution passed at the 132nd meeting of the Executive Committee and the resolution of the Program Committee limiting the number of papers presented at the annual session to be published in the JOURNAL.

Action by the Council.—On motion of Kelly, seconded by Cushman, and carried, the following resolution was adopted:

Resolved, That the resolution of the Program Committee be approved and adopted as the policy of the Council.

Doctor Peers stated that he felt the number of annual session papers published in the JOURNAL should not be limited but that all members should have the right to publish any paper they presented at the annual sessions.

11. **Advertising.**—Discussion was had of the appointment of an advertising agent for southern California.

Mr. Butterworth then spoke to councilors, outlining his plan of handling advertising.

The councilors felt that Mr. Flynn and Mr. Butterworth should confer and discuss adjustments of commissions on advertising in the southern territory.

Action by the Council.—On motion duly made, seconded and carried, the following resolution was adopted:

Resolved, That action on this matter by the Council be deferred until after Mr. Butterworth and Mr. Flynn have discussed the question.

12. **Industrial Accident Commission.**—Letter from the San Bernardino County secretary regarding the attempt of insurance companies to break down the fee schedule set by the Industrial Accident Commission was presented.

Dr. Morton R. Gibbons submitted a report on the situation, outlining the procedure of the Industrial Accident Commission.

Action by the Council.—On motion of Duffield, seconded by Rogers, and unanimously carried, the following resolution was adopted:

Resolved, That the report be received and placed on file, and that a vote of thanks be extended to Doctor Gibbons for his explanation of the situation.

13. **Adjournment.**—There being no further business, the meeting adjourned until 10 a. m., Wednesday, May 4, 1932.

O. D. HAMLIN, *Chairman.*
EMMA W. POPE, *Secretary.*

Minutes of the Two Hundred and Eighth Meeting of the Council of the California Medical Association at Pasadena, May 4, 1932

The following minutes were approved by the Council at its two hundred and ninth meeting on May 5, 1932.

Held in Room 18, Hotel Huntington, Pasadena, California, Wednesday, May 4, 1932, at 10 a. m.

Present.—President Junius B. Harris; President-elect J. M. King; Speaker of the House E. M. Pallette; Chairman of the Council O. D. Hamlin; Chairman of the Executive Committee T. Henshaw Kelly; Councilors Mott H. Arnold, William Duffield, Fred R. DeLappe, Alfred L. Phillips, Karl L. Schaupp, Robert A. Peers, Henry S. Rogers, George G. Hunter, William H. Kiger, Henry J. Ullmann, and George G. Reinle; Editor George H. Kress; Secretary-Treasurer Emma W. Pope; and General Counsel Hartley F. Peart.

Absent.—Doctors Joseph Catton and Ruggles A. Cushman.

1. Roll Call.—The meeting was called to order by the chairman, O. D. Hamlin.

2. Minutes of the Council.—Minutes of the 207th meeting of the Council were read by the secretary, and on motion of Rogers, seconded by DeLappe, and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the 207th meeting of the Council be approved as read.

3. Powers of the Secretary.—Doctor Kelly moved the adoption of the following resolution, which was sent to the Council for its approval by the Executive Committee because of some misunderstandings as to the power of the secretary to speak for the California Medical Association, and to give the secretary an impersonal resolution which he could use when needed:

Resolved, That the secretary-treasurer of the California Medical Association be and he is hereby authorized to give full information, verbally or by letter, to all councilors, directors, or officers of component county societies of the Association and to all members of the Association upon all matters embodied in the constitution, by-laws, resolutions, and minutes of the Council and Executive Committee, and contained in other records of the Association, except pending matters or matters declared to be executive temporarily by the Council or Executive Committee. He cannot express opinions in his official capacity or in the name of the California Medical Association, the Council, or the Executive Committee except where a ruling has been previously made by one of the above mentioned bodies which covers the matters upon which opinion is asked.

Doctor Kelly's motion for the adoption of the foregoing resolution was seconded by Schaupp and unanimously carried.

4. Member of Trustees of Indemnity Defense Fund. The secretary reported that the term of Lemuel P. Adams, trustee of the Indemnity Defense Fund, had expired.

On nomination of Rogers, seconded by Reinle, Lemuel P. Adams was elected trustee of the Indemnity Defense Fund for the term of three years.

5. Volume of Medical Legal Cases.—Doctor Kress stated that a volume of cases affecting physicians, dentists, nurses, hospitals, etc., from 1850 to January, 1931, had been compiled by Harold B. Clark of Colville, Washington, and that he felt this volume would be of great value to the Association.

Action by the Council.—On motion of Ullmann, seconded by Reinle, and unanimously carried, the following resolution was adopted:

Resolved, That the volume of medical legal cases be purchased by the California Medical Association.

6. Medical Practice and Qualifying Certificate Acts. Doctor Kress submitted a progress report on the Medical Practice and proposed Qualifying Certificate Acts, stating that at the present time action on an initiative seemed inadvisable.

Action by the Council.—On motion of Ullmann, seconded by Kiger, and unanimously carried, the following resolution was adopted:

Resolved, That Doctor Kress's report be accepted.

7. Exhibits at State Fairs.—The matter of exhibits at State Fairs was brought up and on motion of Kelly, seconded by Kiger, and unanimously carried, the following resolution was adopted:

Resolved, That the matter of exhibits at State Fairs be referred to the Department of Public Relations.

8. State Medical Library Exhibit.—Discussion was had of the payment of transportation expense on the exhibit now at the Huntington for the State Medical Library.

Action by the Council.—On motion duly made, seconded, and carried, the following resolution was adopted:

Resolved, That the transportation expense of the exhibit of the State Medical Library now at the Huntington be paid by the Association.

9. Newspaper Advertising.—Doctors Phillips and Kelly submitted reports on the advertising of hospitals in Monterey County.

Action by the Council.—On motion of Duffield, seconded by Schaupp, and unanimously carried, the following resolution was adopted:

Resolved, That a special committee consisting of the chairman of the Executive Committee, the councilor of the Third District, Doctor Phillips, and the General Counsel, Mr. Peart, be appointed to handle the matter in accordance with the discussion had at this meeting.

Action by the Council.—On motion of Kelly, duly seconded, and carried, the following resolution was adopted:

Resolved, That the Department of Public Relations through its Committee on Hospitals, Dispensaries, and Clinics be requested to present a plan covering advertising that can be approved by the California Medical Association.

Doctor Harris voted in the negative.

10. Cancer Commission.—It was stated that the Cancer Commission had requested permission to present a paper by Dr. Edward Ewer before one of the general sessions, since presentation at the luncheon in the dining room had been impossible.

Action by the Council.—On motion of Peers, seconded by DeLappe, the following resolution was adopted:

Resolved, That the request of the Cancer Commission be granted.

11. Advertising Agent.—Mr. Flynn and Mr. Butterworth reported to the Council that they had discussed advertising in the southern territory and had reached an agreement on all questions. Mr. Flynn stated that his commission on advertising contracts he now has in the southern territory would terminate in one year from June 1932.

Action by the Council.—On motion of King, seconded by Ullmann, and unanimously carried, the following resolution was adopted:

Resolved, That Mr. Flynn and Mr. Butterworth meet with the general counsel and settle all questions concerning contracts and that the Association proceed with the appointment of Mr. Butterworth as southern advertising representative in accordance with contract prepared by the general counsel.

12. Next Annual Session.—Letter from the Hotel Del Monte inviting the Association to hold the next annual session at Del Monte was read.

Action by the Council.—On motion of Pallette, seconded by Hunter, and unanimously carried, the following resolution was adopted:

Resolved, That the headquarters of the next annual session be Hotel Del Monte, Del Monte, California, and the date be fixed as April 24 to 27, 1933.

13. Standards for Clinics for the Needy and Indigent.—Letter from the Los Angeles Social Agencies was read by the secretary. Doctor Pope stated that

a reply had not yet been received from Doctor Rud-dock in answer to the request of the Executive Committee for information.

Action by the Council.—On motion of Rogers, seconded by Duffield, and unanimously carried, the following resolution was adopted:

Resolved, That the matter be tabled.

14. San Francisco County Economic and Public Relations Department.—Letter from Dr. Merton Price, a member of a medical problems group, an independent organization in the San Francisco County Medical Society, was presented. Doctor Price outlined the activities of this group and of the Section on Medical Problems and Public Relations.

It was the sense of the Council that the letter be called to the attention of the Department of Public Relations.

15. Fees.—Letter from a member of the Riverside County Medical Association was read. It was the sense of the Council that the correspondence on file be referred to the secretary of the Riverside County Medical Society.

16. Medical Institutions.—Doctor Hunter stated that in accordance with previous action of the Council designed to raise the standards for medical directors in state institutions, the Committee on Medical Education and Hospitals had made a study of the requirements for such positions.

Doctor Hunter then presented the report of his committee, copy of which is appended to these minutes.*

Action by the Council.—On motion of Peers, seconded by Schaupp, the following resolution was adopted:

Resolved, That the report of the Committee on Medical Education and Hospitals be referred to the Advisory Committee of the Department of Institutions.

17. Standing Committees.—The chairman stated that election of members of standing committees should be held at this time in order that a report could be made at the second meeting of the House of Delegates.

Action by the Council.—On motion of Kress, seconded by Schaupp, the following resolution was adopted:

Resolved, That it be considered at this time that all councilors serving on standing committees have resigned, and the Council proceed with election to fill the vacancies.

On nominations duly made and seconded, the members of standing committees were then elected, and the committees' memberships were stated to be as follows:

Committee on Associated Societies and Technical Groups:
William H. Geistweit.....San Diego 1933
R. Manning Clarke.....Los Angeles 1934
Clifford Sweet.....Oakland 1935

Committee on Extension Lectures:
J. Homer Woolsey.....San Francisco 1933
Robert T. Legge.....Berkeley 1934
James F. Churchill.....San Diego 1935
Secretary, ex officio

Committee on Health and Public Instruction:
W. R. P. Clark.....San Francisco 1933
Langley Porter.....San Francisco 1934
Fred B. Clarke.....Long Beach 1935

Committee on History and Obituaries:
Emmet Rixford.....San Francisco 1933
George D. Lyman.....San Francisco 1934
Charles D. Ball.....Santa Ana 1935
Secretary, ex officio
Editor, ex officio

Committee on Hospitals, Dispensaries and Clinics:
Wallace Dodge.....Los Angeles 1932
Karl L. Schaupp.....San Francisco 1934
John C. Ruddock.....Los Angeles 1935

Committee on Industrial Practice:

Mott H. Arnold.....San Diego 1933
Daniel Crosby.....Oakland 1934
Morton R. Gibbons.....San Francisco 1935

Committee on Medical Defense:

Fred R. DeLappe.....Modesto 1933
Henry Snure, Sr.....Los Angeles 1934
George G. Reinle.....Oakland 1935

Committee on Medical Economics:

Daniel Crosby.....Oakland 1933
Lyell C. Kinney.....San Diego 1934
John H. Graves.....San Francisco 1935

Committee on Membership and Organization:

Jesse W. Barnes.....Stockton 1933
LeRoy Brooks.....San Francisco 1934
Harry H. Wilson.....Los Angeles 1935
Secretary, ex officio

Committee on Publications:

Frederick F. Gundrum.....Sacramento 1933
Percy T. Magan.....Los Angeles 1934
Ruggles A. Cushman.....Santa Ana 1935
Secretary, ex officio
Editor, ex officio

Committee on Public Policy and Legislation:

Joseph Catton.....San Francisco 1933
William Duffield.....Los Angeles 1934
Junius B. Harris.....Sacramento 1935
President, ex officio
President-elect, ex officio

Committee on Scientific Work:

P. M. Pottenger.....Monrovia 1933
Lemuel P. Adams.....Oakland 1934
John Homer Woolsey.....San Francisco 1935

Secretary of Section on General Medicine, ex officio
Secretary of Section on General Surgery, ex officio
Secretary of California Medical Association, ex officio (chairman)

Committee on Medical Education and Medical Institutions:

George G. Hunter.....Los Angeles 1933
H. A. L. Ryfkogel.....San Francisco 1934
George Dock.....Pasadena 1935

Committee on Clinical and Research Prizes:

George Dock.....Pasadena 1933
Eugene Kilgore.....San Francisco 1934
Arthur L. Bloomfield.....San Francisco 1935

Cancer Commission:

Harold Brunn.....San Francisco 1933
Henry J. Ullmann.....Santa Barbara 1933
Clarence G. Toland.....Los Angeles 1933
Charles A. Dukes, chairman.....Oakland 1934
Lyell C. Kinney, vice-chairman.....San Diego 1934
Alson R. Kilgore, secretary.....San Francisco 1934
William Ophuls.....San Francisco 1935
Orville Meland.....Los Angeles 1935
A. Herman Zeller.....Los Angeles 1935

18. Medical Service to Indigents.—At the request of Dr. Charles W. Decker, health officer of the city of Los Angeles, Dr. Edward M. Pallette read a resolution on service to the indigent sick.

Action by the Council.—On motion duly made and seconded, and unanimously carried, the following resolution was adopted:

Resolved, That the resolution on medical service to the indigent be referred to the Committee on Health and Public Instruction.

19. Legal Defense in Malpractice Cases.—Certain practices of legal defense by insurance companies in malpractice cases were brought to the attention of the Council at the request of Doctor Cushman.

Action by the Council.—On motion of Peers, seconded by Rogers, and unanimously carried, the following resolution was adopted:

Resolved, That the matter be referred to the general counsel.

20. X-Ray Plates.—It was the sense of the Council that the forms prepared on the ownership of x-rays be given publicity. The general counsel was authorized to handle the matter.

21. Insurance.—Letter from an insurance company regarding the cost of malpractice defense was presented to the Council.

Action by the Council.—On motion of Reinle, seconded by King, and unanimously carried, the following resolution was adopted:

Resolved, That the matter be referred to the Executive Committee for study to ascertain if some standard policy can be adopted.

* Editor's Note.—The report of Doctor Hunter, referred to in item 16, is printed in the Miscellany department of this issue of California and Western Medicine. (See page 473.)

22. Mexican Medical Society.—Correspondence regarding the Mexican Medical Society was referred to the general counsel for report at the May Council meeting.

23. Group Insurance for Members.—Letter from Dr. Norman J. Kilbourne regarding possibilities of securing a group health and accident insurance policy for members of the Association was presented.

Action by the Council.—On motion of Pallette, seconded by Phillips, and unanimously carried, the following resolution was adopted:

Resolved, That the letter of Norman J. Kilbourne be referred to the Executive Committee.

24. Adjournment.—There being no further business, the meeting adjourned to meet at 10 a. m. Thursday, May 5, 1932.

O. D. HAMLIN, *Chairman.*
EMMA W. POPE, *Secretary.*

Minutes of the Two Hundred and Ninth Meeting of the Council of the California Medical Association at Pasadena, May 5, 1932

The following minutes were approved by the Council at its two hundred and tenth meeting, held at San Francisco on May 28, 1932.

Held in Room 18, Hotel Huntington, Pasadena, California, Thursday, May 5, 1932, at 10 a. m.

Present.—President Joseph M. King; President-elect George G. Reinle; Speaker of the House Edward M. Pallette; Chairman of the Council Oliver D. Hamlin; Chairman of the Executive Committee T. Henshaw Kelly; Councilors William W. Roblee, William Duffield, Henry J. Ullmann, Fred R. DeLappe, Alfred L. Phillips, Karl L. Schaupp, Robert A. Peers, Henry S. Rogers, George G. Hunter, Ruggles A. Cushman, William H. Kiger, Morton R. Gibbons, Junius B. Harris; and Secretary-Treasurer Emma W. Pope, Editor George H. Kress; John H. Graves and General Counsel Hartley F. Peart.

Absent.—None.

1. Call to Order.—The meeting was called to order by the chairman, O. D. Hamlin.

2. Minutes of the Council.—Minutes of the 208th meeting of the Council were read by the secretary and on motion of Kelly, seconded by King, and unanimously carried, the following resolution was adopted:

Resolved, That the minutes of the 208th meeting of the Council be approved as read.

3. Election of Chairman of Council.—Doctor Kelly, chairman pro tem., stated that the first order of business was the election of a chairman for the ensuing year.

Oliver D. Hamlin was nominated by Robert A. Peers, seconded by Alfred L. Phillips, as chairman of the Council for the ensuing year. Henry S. Rogers moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by George G. Reinle.

Emma W. Pope, secretary pro tem., cast the ballot and T. Henshaw Kelly announced the election of O. D. Hamlin as chairman of the Council for the ensuing year.

4. Election of Vice-Chairman.—T. Henshaw Kelly was nominated by Edward M. Pallette, seconded by George G. Hunter, as vice-chairman of the Council for the ensuing year. Henry S. Rogers moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was seconded by Alfred L. Phillips.

Emma W. Pope, secretary pro tem., cast the ballot and O. D. Hamlin announced the election of T. Henshaw Kelly as vice-chairman of the Council for the ensuing year.

5. Election of Secretary-Treasurer.—Emma W. Pope was nominated by Alfred L. Phillips, seconded by Henry S. Rogers, as secretary-treasurer of the

Association for the ensuing year. Henry S. Rogers moved that the nominations be closed and the chairman cast the ballot; such motion was duly seconded.

The chairman cast the ballot of all members of the Council for Doctor Pope and announced the election of Emma W. Pope as secretary-treasurer of the Association for the ensuing year.

6. Election of Editor.—George H. Kress was nominated by William Duffield, seconded by Fred R. DeLappe, as editor of CALIFORNIA AND WESTERN MEDICINE for the ensuing year. Edward M. Pallette moved that the nominations be closed and the secretary be instructed to cast the ballot; such motion was duly seconded.

The secretary cast the ballot and the chairman announced the election of George H. Kress as editor of CALIFORNIA AND WESTERN MEDICINE for the ensuing year.

7. Department of Public Relations and Appointment of Director of Department.—Discussion was had of House of Delegates Resolution No. 1, Organization of Department of Public Relations.

Doctor Graves, former chairman of the Committee on Public Relations, being present, recommended to the Council on behalf of the Committee on Public Relations that Dr. Walter M. Dickie be appointed director of the Department of Public Relations for a period of one month or until further action by the Council.

Action by the Council.—On motion of Duffield, seconded by Pallette, and unanimously carried, the following resolution was adopted:

Whereas, In accordance with organization outlined in House of Delegates Resolution No. 1 for the Department of Public Relations and the Committee on Public Relations, which organization is hereby adopted by the Council; and

Whereas, Such organization provides that the director shall be appointed by the Council after consultation with the Committee on Public Relations; and

Whereas, Said Committee on Public Relations has not yet completed its organization for the year 1932-1933; now, therefore, be it

Resolved, That in accordance with the recommendation of the former chairman of the Committee on Public Relations, Walter M. Dickie be appointed director of the Department of Public Relations for a period of one month or until further action by the Council.

8. Appointment of General Counsel.—On motion of Hunter, seconded by Rogers, and unanimously carried, the following resolution was adopted:

Resolved, That Hartley F. Peart be appointed general counsel for the ensuing year.

9. Appointment of Associate Counsel.—On motion of Kelly, seconded by Reinle, and unanimously carried, the following resolution was adopted:

Resolved, That Hubert Morrow be appointed associate general counsel for the ensuing year.

10. Auditing Committee.—The secretary stated that the chairman of the Council, O. D. Hamlin, had addressed a letter to the Council stating that he had appointed as chairman of the Auditing Committee, T. Henshaw Kelly of San Francisco.

Action by the Council.—On motion of Schaupp, seconded by Gibbons, and unanimously carried, the following resolution was adopted:

Resolved, That the appointment of T. Henshaw Kelly as chairman of the Auditing Committee be approved by the Council.

11. Arrangements Committee.—After discussion, it was decided to allow the appointment of the Committee on Arrangements to lie over until a survey of the various individuals who could handle the work in the vicinity of Monterey could be made.

12. Cancer Commission.—The president, Joseph M. King, stated that he had decided to make no changes in the personnel of the Cancer Commission this year,

that he would reappoint William Ophüls, Orville Meland and A. Herman Zeiler, whose terms had expired; and that the officers of the Commission would remain unchanged, *i. e.*, Charles A. Dukes, chairman; Alson R. Kilgore, secretary, and Lyell C. Kinney, vice-chairman.

Action by the Council.—On motion of Duffield, seconded by Gibbons, and unanimously carried, the following resolution was adopted:

Resolved, That the appointments to the Cancer Commission be approved.

13. Standing Committees.—Discussion was had of the organization of standing committees in relation to the organization of the Committee on Public Relations and the secretary was instructed to urge these committees to select their chairmen prior to the Council meeting on May 28.

14. Date of Next Council Meeting.—Discussion was had of the date of the next meeting of the Council. It was stated that a meeting of the trustees of the California Medical Association, according to its By-Laws, must be held on the fourth Saturday in May. It was felt that since all members of the Council were also members of the trustees, both meetings should be set for the same day.

Action by the Council.—On motion of Pallette, seconded by Phillips, and unanimously carried, the following resolution was adopted:

Resolved, That the date of the next Council meeting be set for Saturday, May 28, 1932, at San Francisco.

15. Medical Service Plan.—John Hunt Shephard of San Jose, member of the Santa Clara County Medical Society, then addressed the Council. Doctor Shephard outlined the plan of providing medical and hospital services for persons whose annual income is less than \$2,000 per annum on an insurance basis, which is now being discussed by the members of the Santa Clara County Medical Society. Doctor Shephard stated that members of the Santa Clara County Medical Society were desirous of obtaining the viewpoint of the Council on such a plan before definite steps were taken to carry out the plan as now outlined. Dr. George L. Barry of San Jose then discussed the plan. It was deemed desirable to ascertain the attitude of the Santa Clara County Medical Association on the plan, and that it should be placed in writing. Certain members of the Council felt that the Department of Public Relations should secure all information pertinent to the plan and present same to the Council.

Action by the Council.—On motion of Kelly, duly seconded, the following resolution was adopted:

Resolved, That the Council has listened with interest to the plan of medical service outlined by Doctor Shephard and requests the Department of Public Relations to make contact with Doctor Shephard and the Santa Clara County Medical Society and to obtain all information possible including the details of the plan in writing and to report its findings to the Council for further study at the earliest opportunity.

16. Pediatrics Section.—Letter was presented from the Pediatrics Section asking that the resolution adopted by that Section opposing the certification of soft curd milk and milk containing added vitamin and mineral content be forwarded by the Council to the American Medical Association.

Action by the Council.—On motion of Harris, seconded by Cushman, and unanimously carried, the following resolution was adopted:

Resolved, By the Council of the California Medical Association, that it go on record as strongly approving the resolution of the Section on Pediatrics of the California Medical Association in which request is made that certification of soft curd milk and milk containing added vitamin and mineral content be opposed by the American Medical Milk Commissions and the Section of Pediatrics of the American Medical Association.

17. Advertising Agent.—The general counsel stated that he had prepared a contract to cover advertising in the Southern California territory for Mr. Butterworth.

Action by the Council.—On motion of Ullmann, seconded by Rogers, and unanimously carried, the following resolution was adopted:

Resolved, That the chairman of the Council and the secretary be authorized to execute a contract covering advertising in the southern territory with Mr. Butterworth in accordance with contract approved by the chairman of the Auditing Committee and the general counsel.

18. Chairman of Committee on Public Relations.—It was the sense of the Council that in accordance with the amendments to the Constitution, Article VII, sections 1 and 4, the chairman of the Committee on Public Relations be invited to attend meetings of the Council and the Executive Committee.

19. Resignation of Associate Editor:

Action by the Council.—On motion of Kelly, seconded by Schaupp, and unanimously carried, the following resolution was adopted:

Resolved, That the resignation of the associate editor be removed from the table.

Doctor Kelly then presented the following resolution:

Whereas, Doctor Pope has wished for some time to cease her duties as associate editor of CALIFORNIA AND WESTERN MEDICINE and has finally presented her resignation from this office to the Council of the California Medical Association; therefore be it

Resolved, That her resignation be accepted with regret, and the thanks and appreciation of the Council be given for her loyal and unswerving service to the California Medical Association; and be it further

Resolved, That at this time no successor to her as associate editor be selected.

Action by the Council.—On motion of Kelly, seconded by Kress, and unanimously carried, the foregoing resolution was adopted by the Council.

20. Resolution of Appreciation:

On motion of Kelly, seconded by Phillips, and unanimously carried, the following resolution was adopted:

Resolved, That the Council of the California Medical Association extend to the Committee on Arrangements and to the Woman's Auxiliary of the California Medical Association its thanks and deep appreciation for the work and accomplishments which have resulted in an annual session not to be forgotten by any of those who attended, and that the management of the Hotel Huntington be thanked for its unfailing courtesy and assiduous attention to the welfare of the members of the California Medical Association.

21. Survey of Expenditures of Association.—Discussion was had of the appointment of a committee to make a survey of the expenditures of the Association as provided in the House of Delegates resolution No. 3, and of salaries of employees pending the report of this committee.

Action by the Council.—On motion duly made, seconded and carried, the following resolution was adopted:

Resolved, That the salaries of all employees of the Association be on a month-to-month basis until the Committee on Survey of Expenditures of the Association reports to the Council.

The chairman of the Council and the Speaker reported that the membership of the Committee on Survey of Expenditures was as follows:

Chairman of the Auditing Committee, T. Henshaw Kelly of San Francisco; Junius B. Harris of Sacramento, Harry H. Wilson of Los Angeles, T. C. Myers of Los Angeles, and Percy T. Phillips of Santa Cruz.

22. Adjournment.—There being no further business the meeting adjourned to meet on May 28, 1932, at San Francisco.

O. D. HAMLIN, *Chairman.*
EMMA W. POPE, *Secretary.*

C. M. A. DEPARTMENT OF PUBLIC RELATIONS

An open forum for progress notes on the department's activities, and for brief discussions on medical economics. Correspondence and suggestions invited. Address the Director, Room 2039, Four Fifty Sutter Street, San Francisco. This column is conducted by the Director of the Department.

THE INDIGENT PROBLEM AND THE COUNTY HOSPITALS*

By BENJAMIN W. BLACK, M.D.
Oakland

In each modern community in the United States some definite plan for the care of illness among the less fortunate is provided. In many states the law requires that certain public facilities shall be established to care for a class of patients variously designated as paupers or indigents. In the State of California the so-called Pauper Act provides that every county shall relieve and support all pauper persons and those incapacitated by age, disease or accident who are lawfully residents within the county, when such persons are not supported and relieved by their relatives or friends or by their own means or by state hospitals or other state or private institutions. It is also imperative, under the law, to make diligent inquiry to determine the ability of such person or his relatives to bear the actual charges and expense of his maintenance and support. If such indigent, poor, or incapacitated person has kindred such as husband or wife, father or mother, brothers, sisters, children, or grandchildren other than minors, who are able to pay for his care, such kindred, under the law, are required to support the indigent person rather than to allow him to become a public charge.

Under these provisions of law, counties ordinarily provide county hospitals and other institutions where such persons may be cared for at public expense. To a greater or lesser degree counties carry out the provisions of this act and because the term indigency has been so often and differently interpreted by interested individuals, we find that in no state is there a common standard of requirements for admission to the hospitals operated by the counties. In some sections the only requirement necessary for admission to the county hospitals is the opportunity to ask and receive a permit from a county official competent under the law to issue such permits. In other cases, hospitals are so organized that patients are admitted who have an income which is less than an arbitrary standard fixed by those who interpret the law. Little regard is often given to any standard which eliminates patients who can afford to pay yet is flexible enough to include those who are unable to pay.

INTERPRETATION OF THE INDIGENT LAW

Reduced to its simplest and most logical form, such a law may be interpreted to require that for a patient to become a public charge in a county hospital, he must (a) reside in the county and not be entitled to care at the expense of any other county or in any other state; (b) such a patient by reason of incapacity, illness, or disease must require admission to a hospital, such determination to be made after examination by a competent physician; and (c) he must be financially eligible for county care, such eligibility to be based upon a comparison of his income and assets with a definite budget which covers necessities for himself and his dependents and leaves assets to provide for care needed. To carry out these provisions of law, it must follow that trained competent workers shall make individual investigations covering the facts relative to residency, type of illness for which care is required and financial status as applied to any prospective patient. Some such plan is in operation in this county.

* From the department of the medical director of Alameda County.

To serve each community in this county there is established a so-called Public Health Center. A trained social worker, or someone trained in social work is regularly employed. These workers are expected to make the necessary investigations and apply the facts obtained to the income of the family; the budget demanded for necessities; the nature and type of illness for which care in hospital is proposed, together with additional assets to pay for such over and above the absolute minimal needs. When such a study is established under the standards set forth, the Health Center may then admit the patient to the county hospital. Familiarity with rules governing admission, acceptable budgets, location of service given by each county hospital must of necessity be a part of the information available to each worker.

RESIDENCE REQUIREMENT

The law governing the establishment of a legal residence requires that a patient, to become eligible for public care, shall have lived continuously in the state making his residence therein for a period of not less than three years, and he must have maintained his residence within the county from which aid is to be received for a period of not less than one year. Ordinarily, this law does not work any hardship on deserving cases and it does protect the state and county from caring for nonresidents who establish a temporary dwelling in the community in order to receive public care.

MEDICAL REQUIREMENT

The second requirement involves the professional opinion of a physician, and through the county physician, the public health center, or public clinics, or through the services of a private physician, any hospital, or social worker, can receive information upon which to determine the necessity for hospital care. This implies that the patient must be acutely ill and suffering with a disease for which immediate attention is necessary; or the patient must be suffering from some chronic disorder, the neglect of which may result in grave complications and even endanger his life. In addition, there are those who, because of age and infirmity, require the attention of someone, and when no relatives or others are present to give such care, these patients, even though not acutely ill, or chronically ill, may be admitted to the county hospital as an infirm type of indigent case.

CLASSIFICATION OF INDIGENCY

Financial and social eligibility present a much more difficult problem. The skilled worker must consider the nature of the medical care needed as recommended by a physician, and the approximate cost of such care if provided privately or semiprivately in the least expensive manner available. If the patient is entitled to free care elsewhere by virtue of membership in any organization, hospital association or from any other source, his case is not considered within the classification of indigency. Determination is made of total income, value of property and savings of the patient and his near relatives. When the income and resources show a surplus over and above necessities for the family, the skilled worker determines whether such assets are sufficient to pay for the care needed. If there are not sufficient assets immediately available, a decision must be made as to whether there are resources which warrant the family going into debt for medical care, with the probability that the debt may be paid within a reasonable length of time.

FAMILY RESPONSIBILITY

Unless the relationship of those required by law to provide for a patient is very close, the law should not be interpreted that such relatives shall be reduced to indigency themselves in order that their dependents may be provided for privately, but there must be a determination made as to how much the relatives may be expected to deny themselves in order to contribute to the care of the indigent person.

Due consideration must be given to property other than the home that may be owned by those responsible for the care of the person concerned, and to unnecessary luxuries owned by the family, such as an automobile. These are assets that may be used to borrow on if by so doing it is possible to prevent the giving of county aid. Insurance, too, that has a loan value must be considered as one of the possible available resources. If a mortgage is contemplated on the home which is owned by the family, consideration is given to the income in order that there shall be a reasonable assumption that such a liability assumed by the family shall not deprive them of necessities, or ultimately of the home itself.

MAXIMUM FAMILY BUDGET

Various budgets have been suggested as a basis upon which to determine the necessities required in a small family of the social status of laborer or all vocations that would follow in this comparative social rank. An immediate allowance of \$20 for rent with an additional requirement of \$23 for overhead becomes fundamental in preparing a budget. In addition to these figures, \$24 is allowed for the man in the household to provide for food, clothing, street car fare, such entertainment as may be necessary and any other items to be included. For a wife an additional \$19 is provided and then the following amounts are added covering children: A high school boy or girl 16 to 18 years, \$18.50 is allowed. For a child in junior high, \$15; grade school, \$11.50; runabout child, \$10.50; toddler, \$9; infant under one year, \$7.50. The application of these figures to provide the budget of necessity for a man and his wife and two children age three and seven years, would permit: Rent, \$20; overhead, \$23; husband, \$24; wife, \$19; grade school child seven years, \$11.50; runabout child age three years, \$10.50.

In families where the income is provided by several wage earners, due allowance for car fare, extra lunches, etc., must be included in planning the budget. Should the family be making payments on necessary obligations, the amount of required payments, unless they be met from an amount already provided for in the budget, must be taken into consideration.

The above represents a maximum budget when cases are being considered for public care. On the other hand there is a distinct variation when consideration is given to the type of care required. Many children in the public schools are constantly referred to the county hospitals for tonsillectomies. Ordinarily, such cases can be cared for only when the family income is well below the minimal budget. Likewise when care is requested for other similar minor illnesses. In obstetrical cases normal confinements are not imperative periods for hospitalization. County hospitals may, therefore, be considered as primarily for abnormal cases for whom no provision can possibly be made for hospital delivery elsewhere. In normal cases, eligibility depends upon whether or not the patient can provide other arrangements, either hospital care or home delivery, and is therefore, limited to the most indigent cases and those where home care cannot possibly be arranged.

SURVEY OF CASES

A survey of all patients found in this county hospital on February 27, 1932, was made. This survey does not include two employees and eleven newborn. Newborn have the same financial and social standing as have the parents; nor two cases from the county jail. The county is required to give care for cases undergoing county jail sentence. Other than these, there was included in the study 280 cases.

I. Cases eligible for service being given:	Per Cent
Class A—Definitely indigent.....	151 or 54
1. Associated Charities cases.....	83
2. Dependent on other public or private charity.....	5
3. Inmates of charitable institutions.....	5
4. Dependent entirely on friends or relatives other than immediate family.....	23
5. Income never up to budget required for bare necessities.....	35
Class A—Temporarily (usually in Class B, C, or D).....	65
1. Indigent due to present unemployment of breadwinner.....	43
2. Indigent due to present illness of breadwinner.....	22
Class B—Close to indigent—line income sufficient for bare necessities only.....	34
Class C—Sufficient margin over bare necessities to pay for slight service.....	7
Class D—Income sufficient for necessities and margin for moderate medical service. Eligible for expensive care only.....	3
II. Cases ineligible or questionable:	
Class E—Income definitely above county budget. Should not require free care.....	6
1. In spite of adequate income have no savings or resources for meeting emergency.....	2
2. Ineligible at first—handled in private hospital till resources exhausted.....	1
3. Could have been handled elsewhere (these to be moved or billed).....	2
4. Entitled to care elsewhere.....	1
Class F—Nonresidents without funds.....	14
Total cases included in above study.....	280

To make effective some such plan as this, it requires that patients seeking public care shall be directed to a clinic or a location within reasonable distance from the residence of the patient. At the clinic a trained social worker must be prepared to make the necessary investigation and if the patient is then found eligible, to permit the admission of such patient directly to the hospital. A constant check for purposes of standardization governing the admissions from all such sources must be constantly made in order that the same standards shall apply to all patients seeking admission. With a reasonable number of workers scattered throughout the territory served by a county hospital, investigations of all admissions may be made with little or no difficulty. Standards may be maintained and in general the needs of the community can be provided at public expense without the county having to assume the care of many patients who are not entitled under the law.

If this program or a similar program were adopted in all counties, the medical profession itself could be expected to cooperate. It is interesting to know that physicians, as they are constantly imposed upon, are often among those who insist that the social worker who has denied admission to the patient should reconsider because of the pitiful story which the doctor has heard. Workers trained in dealing with these problems and in placing a suitable valuation upon the statements made, with the ability to check such statements through all sources available, are quite likely, within very reasonable limits, to be more nearly accurate in dealing with the law than can any agency or persons not so trained and not constantly in touch with such problems. These county hospitals with an admission of greater than 12,000 during the last year, have been able to reduce the number of cases cared for who are not entitled to such care, to an average below five per cent. Of these, nearly all are brought to the hospital under emergency conditions and do receive care pending plans for their transfer to other hospitals, or to the care of their own physician. At times the nature of the disease or general physical condition is of such a serious nature that the patient must be kept and treated, as a transfer to other agencies might result in loss of life, or reduce materially the chances of recovery.

With these regulations rigidly enforced, the profession, one hundred members of whom serve as a visiting staff, properly feel that the county hospitals are not in competition with private practice and are extremely willing to give their services, when such services are given only to indigent charity cases and not to those who have assets to pay their own physician in the private hospitals of their own choice.

STATE MEDICAL ASSOCIATIONS*

CALIFORNIA MEDICAL ASSOCIATION†

JOSEPH M. KING.....President
GEORGE G. REINLE.....President-Elect
EMMA W. POPE.....Secretary-Treasurer

OFFICIAL NOTICES

Registration at the Huntington Hotel session totaled 1435: 1250 members, 185 guest physicians, the largest attendance of physicians at any annual session.

The next annual session will be held at the Del Monte Hotel, April 24-27, 1933.

Clinical and Research Prize Contest Rules‡

(For the California Medical Association Annual Session at Del Monte in 1933)

General Directions to Entrants

1. Any member of the California Medical Association is eligible to compete for the prizes. Any question arising as to the eligibility of a candidate or the admissibility of his essay will be settled by the decision of the Council.

2. Manuscripts must be typewritten on one side of the paper; they must be double spaced; and they must not be folded or rolled. Illustrations or charts must be marked with the title of the paper to which they belong.

3. Essays must not contain more than four thousand words. In judging a paper the committee will take into account the basic importance of the work done and its novelty; the thoroughness with which the research has been carried out; the clearness with which it has been written up; and the neatness of the manuscripts and illustrations.

4. Papers should be sent, preferably by registered mail, to Dr. Emma W. Pope, secretary of the California Medical Association, Room 2004, 450 Sutter Street, San Francisco. They should be identified by a nom de plume or motto only. A separate envelope should be sent to Doctor Pope containing the author's name and his nom de plume or motto, so that after the award is made the name of the writer can be found. Any return addresses or distinguishing marks will be removed from the wrappers before the papers are turned over to the judges.

5. All papers must be in the hands of Doctor Pope before February 15, in order that the judges may finish their work in time for the meeting of the Association.

6. The judges reserve the right to withhold the award in the event that no paper comes up to the standards of excellence they feel should be set.

* This column presents from month to month, for the state medical associations affiliated with California and Western Medicine, official notices and minutes of those organizations; also informative reports of their component county medical units. Secretaries of county medical societies are invited to send to their state association secretaries brief reports of the meetings of their respective county societies. All such reports should be in the hands of the Association Secretaries prior to the fifteenth day of each month, to insure proper compilation.

† For a complete list of general officers, of standing committees, of section officers, and of executive officers of the component county societies, see Index reference on the front cover, under Miscellany.

‡ Editor's Note.—For comment concerning prize essays submitted at this year's annual session at Pasadena, see editorial statement in this issue (page 404).

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7. If, in the judgment of the editors of CALIFORNIA AND WESTERN MEDICINE, and the editorial councilors, the paper on laboratory research is too technical or otherwise unsuitable for inclusion in CALIFORNIA AND WESTERN MEDICINE, the prize winner will be allowed to publish it in some special journal and will be required to make an abstract for the readers in California.

8. Inquiries relative to the prize contest should be addressed to the chairman of the committee, George Dock, M. D., 94 North Madison Avenue, Pasadena, California.

Directions to entrants for the annual Clinical and Research Prizes who desire to present their contest papers before a section at the same annual session:

1. All papers entered for the Clinical and Research Prizes are eligible to be read at the annual session of the California Medical Association under the following conditions:

2. Each entrant to send one copy of his paper to the state office in the usual way for consideration by the Prize Committee, signed by his nom de plume, and under a title changed so that it could apply to a similar but different paper.

3. Each entrant to send to the proper section the second copy under his own name and proper title.

4. The Prize Committee will consider each article from the standpoint of its relative value to other papers submitted for the prizes, but will be unable because of dissimilarity in the two titles of the papers as given on the program and before the committee to connect the two as being one and the same paper.

5. Section officers will approve or disapprove all papers for places on specific section programs as heretofore. They will have no knowledge that any paper is under consideration by the Prize Committee.

THE CANCER COMMISSION OF THE CALIFORNIA MEDICAL ASSOCIATION

During the period of compilation of clinical committee reports for publication, this column can well be devoted at intervals to abstracts of important articles appearing in special cancer literature. Last month an abstract of the critical review on the present status of gas therapy of cancer was published. This month an abstract of a similar review on chemotherapy follows.

Chemotherapy of Cancer.*—In the chemotherapy of bacterial or protozoal infections, the attack is directed against a foreign parasite. In cancer, whether the disease results from the operation of a virus or not, the therapeutic substance is required to destroy or prevent the anarchical spread of the host's own cells. Whatever the mode of attack of chemotherapeutic substances, it is desirable to establish certain requirements in the treatment of malignant tumors by these substances. In the first instance, treatment must not be localized to the parent growth, since extensions of the tumor by lymphatics and blood-spread metastases would escape the effects of local treatment. The therapeutic substance should therefore be injected

* Abstracted from "The Cancer Review," Vol. VI (1931), p. 537: "Critical Review of the Chemotherapy of Malignant Tumors" by Dr. Robert Cruickshank.

intravenously. It should be deposited from the blood stream principally in the neoplasm and only to a slight degree in healthy tissues and organs; and, in addition, it must be attracted more to tumor than to normal tissue. Further, the ratio between the toxicity of the compound for the body and its toxicity for the tumor cell should not, according to Weil, be less than 3:1 for any substance which is intended for use in the treatment of cancer. This factor has been a great stumbling block to advance in the treatment of tumors by the heavy metals, since the therapeutic dose of many of the compounds approximates closely to the toxic dose.

So many claims for cure of cancer have been made that rigid standards of what constitutes cure must be established. Reports are frequent of patients who have been relieved of pain, have put on weight and in whom function of the diseased organ has been restored. These are mostly subjective symptoms and the improvement is probably in many cases psychic in origin. Alteration in the size of the tumor is the main criterion on which to judge the immediate effect of any substance, and then only such tumors as can be accurately measured should be considered. The relief of an obstructed passage, such as esophagus, must not be regarded as evidence of cure of the tumor; in multiple carcinomatosis, regression of individual nodules may occur spontaneously and should not necessarily be imputed to treatment. Even a reduction in size of the tumor, however, must not be accepted as evidence of a cure. Before a claim for cure be allowed, proof is required of (a) the reduction in size and final disappearance of the tumor, and (b) an absence of recurrence of growth within a period of three to five years.

Wassermann, Keysser and Wassermann (1911) were probably the first workers to attempt the cure of cancer by chemical substances. They reported the treatment of transplanted rat tumors by the intravenous injection of selenium compounds. Owing to the toxicity of the optimum therapeutic dose, however, the majority of animals died during treatment, leaving only three to five per cent of cures. Meanwhile, Neuberg and Caspari (1912) were trying the effects of compounds of the heavy metals—zinc, platinum, tin, copper, silver, cobalt and selenium. In a later paper it was stated that, owing to the approximation of the toxic to the therapeutic dose, the mortality among the treated animals was very high. Keysser (1914) showed that no substance was effective until the growth had reached the size of a cherry stone.

In 1922, Blair Bell, writing on the treatment of malignant disease with colloidal lead, claimed that the abortifacient action of lead was largely due to its affinity and toxicity for the chorionic villi and, believing that the cancer cell is an atavistic reversion to the fetal nutriment seeking type of cell, he introduced the treatment of malignant tumors by intravenous injection of colloidal lead. In a résumé of the methods of preparation and use of colloidal lead and the clinical results obtained (1926) it was stated that of 227 treated patients under review, in thirty-one the cancer was believed cured and treatment stopped. Certain criticisms of his published reports may legitimately be made. (1) It would be desirable to have a detailed account of every case of cancer believed cured by lead therapy. (2) While he states that radiation and operation were utilized "where these could be of assistance," no precise figures are given of the number of cases treated with lead alone. (3) Histological examination of the tumor was not done in a number of cases. (4) In a number of the cited examples of cure, radical operation was followed by lead therapy, and it is assumed that the cancer was not entirely removed by operation or that operation *per se* would not have effected cure. (5) There is some discrepancy in numbers of cured cases in different parts of the text. On account of the toxicity of Blair Bell's colloidal lead, numerous other colloidal lead compounds have been used and tried. However, the therapeutic action of other nontoxic compounds is apparently less certain.

Summing up, one may say that the evidence so far is contradictory, no worker getting the striking results or relatively high percentage of complete cures claimed by Blair Bell and his colleagues. The great toxicity of the therapeutically effective preparations is the obstacle, not yet surmounted, to a more general use of colloidal lead. The available data suggest that death of the cancer cell is not due to direct action of the lead on the cancer cell but to indirect effects such as thrombosis of vessels and a stimulation of the reactive tissue. These effects are enhanced when lead therapy is combined with radiation.

Blair Bell's results with colloidal lead and the reputation of selenium in the treatment of cancer determined Todd (1928) to try a combination of these two substances in colloidal form. Todd claims that favorable results, not necessarily cure, have been obtained in the majority of patients. He does not attribute to the lead selenide a directly toxic action for the cancer cell: in cases responding to treatment, there is an increase of small lymphocytes and eosinophils in the blood and a great local increase of fibrous tissue about the tumor. It is considered, therefore, that lead selenide acts by stimulating the defense mechanisms of the body against the invasion of a malignant neoplasm.

It appears that although a specific medical cure for cancer is not yet available, something might be done for the victims of inoperable malignant disease by the careful use of the metallic colloids. The contradictory reports about lead therapy, the toxicity of the metal and the difficulty of preparing a satisfactory lead colloid are the present obstacle to its wider use which the chemist and clinician have not yet surmounted. Lead selenide is at present a more practicable colloidal substance and its exhibition on the lines indicated by Todd would probably result in alleviation of pain and prolongation of life to many cases of inoperable cancer. Whether these or other colloids can in themselves effect complete cure of a malignant tumor is still *sub judice* despite the claims that have occasionally been made. But in combination with other agents, for example, in rendering an inoperable tumor operable or in conjunction with radiation, they afford a means for the treatment of otherwise incurable cancer.

A. R. KILGORE, *Secretary.*

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION*

Third Annual Session.—The third annual session of the Woman's Auxiliary to the California Medical Association was a most interesting, inspirational event. Splendid speakers reminded us of the ideals of the medical profession and showed us some of the ways we can assist our husbands in upholding these ideals. Three hundred and fifty-four women registered at the convention, a most encouraging outlook for work in California.

The Los Angeles Auxiliary proved a most charming hostess. Luncheons, teas, and dinners brought us together each day, while friendships were formed that will go on through the years. An opportunity was given to go to all points of interest around the city, and also to visit the beautiful gardens of Pasadena.

Mrs. F. E. Coulter, the new president, held a post-convention meeting of the new officers, and work was planned for the coming year.

*As county auxiliaries to the Woman's Auxiliary of the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Louis H. Dyke, chairman of Publicity and Publications Committee, 6908 Rose Street, Oakland. Brief reports of county auxiliary meetings will be welcomed by Mrs. Dyke and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the editors to allocate one page in every issue for Woman's Auxiliary notes.

Much interest was shown in the prize essays on "Educating the Doctor's Wife." *

* * *

Minutes of the Meetings of Board of Directors.—The final meeting of the board of directors of the Woman's Auxiliary of the California Medical Association was called to order by the president, Mrs. W. H. Sargent, at 10:30 a. m., Monday, May 2, at the Huntington Hotel, Pasadena.

All members responded to the roll call with the exception of Mrs. S. M. Weil, Contra Costa County, and Mrs. W. L. Blodgett, Napa County.

The minutes of the previous meeting were read by the recording secretary, Mrs. F. C. Harding, and approved as read. The treasurer, Mrs. C. J. Teass, read her report; also the report of the auditor, which was accepted. Mrs. Teass presented a complete roster of the auxiliary membership for the use of the treasurer. A duplicate will be furnished the president.

Reports of committees were given informally, written reports to be read on Tuesday, May 3.

Mrs. Charles S. Stevens, chairman of Organizations, discussed delinquency in the matter of dues.

Mrs. Weil being absent, the Program chairman's report was read by the secretary.

Mrs. A. M. Henderson, Sacramento, as chairman of Public Relations, reported on units already functioning, and stated Los Angeles County had done outstanding work.

Publicity and Publications chairman, Mrs. Louis Dyke, Oakland, stated that all reports have been accepted for publication in the state journal.

Mrs. W. E. Mitchell, chairman of Hygeia, sent a written report, which was supplemented by Mrs. Clough of San Bernardino and Mrs. Henderson. Informal discussion followed, leading to the conclusion that action should be taken concerning the difference in subscription prices quoted to auxiliaries and to other solicitors for the magazine.

Subscriptions to CALIFORNIA AND WESTERN MEDICINE, in their own name, was urged upon members, and the matter was referred to Mrs. C. S. Stevens, chairman of Resolutions.

The Hospitality Committee chairman, Mrs. Philip S. Doane, did not make a report, saying the "proof of the pudding is in the eating."

In regard to delegates to the national convention at New Orleans, May 6-9, Mrs. Sargent stated that Mrs. Moloney, chosen as a delegate, could not go. Mrs. Coulter having been found ineligible, the board voted to apply the \$100 toward defraying her expenses to the convention be applied to Mrs. Sargent's expenses to New Orleans.

The board then ratified the action of Mrs. Sargent in naming Mrs. Dudley Smith of Oakland and Mrs. William Duffield of Los Angeles as delegates to New Orleans, with Mrs. Smith sponsor to any other California women who may attend.

Mrs. A. A. Alexander, nominated by Mrs. Doane, and Mrs. Philip S. Doane, nominated by Mrs. John V. Barrows, were elected as the two members of the nominating committee from the board of directors.

It was announced that Mrs. A. B. Cook would act as parliamentarian at the meetings on Tuesday and Wednesday.

The secretary was requested to write to Mr. McLean a note of thanks for his services as auditor.

Mrs. Louis Dyke presented the rules for the convention, which were accepted.

The Budget Committee was announced: Mrs. C. J. Teass, Mrs. W. H. Sargent, and Mrs. F. E. Coulter.

Mrs. Thomas Clarke of Oakland was made chairman of the Reference Committee.

* Editor's Note.—The prize essays submitted to the Woman's Auxiliary are printed in this issue as addenda to these minutes.

Mrs. Stevens, chairman of the Resolutions Committee, chose Mrs. James Percy and Mrs. Lyell C. Kinney as members.

Dr. J. Manning Clarke, Dr. Junius B. Harris, and Dr. Joseph King were invited to Mrs. Sargent's luncheon on Tuesday as guests of the State Auxiliary.

Dr. Thomas Clarke and Mrs. Dexter Ball were guests at the board meeting.

Mrs. Doane expressed appreciation and gratitude to Mrs. Sargent and the other officers. She then moved that a rising vote be taken, which was unanimously carried.

Adjournment.

* * *

Minutes of the First Meeting of the Woman's Auxiliary.—The first meeting of the fourth annual session of the Woman's Auxiliary to the California Medical Association convened at 10 a. m., Tuesday, May 3, 1932, in the Gardens of the Huntington Hotel, Pasadena, California, the president, Mrs. W. H. Sargent, of Oakland, presiding.

The corresponding secretary, Mrs. A. A. Alexander, called the roll of delegates by counties.

Mrs. Philip S. Doane of Pasadena, president of the Los Angeles County Auxiliary and chairman of hospitality, gave the address of welcome, which was responded to by Mrs. Dewey Powell of San Joaquin County, the infant unit of the auxiliary.

The Credentials Committee then reported present forty-four delegates, twenty-one alternates, and fifteen board members.

The convention rules were presented by Mrs. Louis Dyke of Oakland, and were accepted and filed with the secretary.

Mrs. A. B. Cook was appointed parliamentarian for the convention.

Mrs. Maynard Harding, recording secretary, read the final report of the third annual meeting. The report was accepted as read.

Mrs. C. S. Stevens, first vice-president, took the chair during the reading of the president's report. It was moved by Mrs. Dexter R. Ball, and seconded by Mrs. F. E. Clough, that the report be accepted. Motion carried.

The president then resumed the chair.

The report of the corresponding secretary, Mrs. A. A. Alexander, was read and accepted.

Mrs. C. J. Teass, treasurer, reported on the auxiliary finances.

Mrs. Teass called particular attention to the refund by Los Angeles County of \$250 which the state board at its February meeting had appropriated for convention expenses.

The following reports of Standing Committees were given and accepted:

Report by Mrs. C. S. Stevens, chairman of the Membership Committee; by Mrs. S. N. Weil's Program Committee; by Mrs. A. M. Henderson, as chairman of Public Relations; by Mrs. Louis Dyke on Publicity and Publications. The *Hygeia* report was read by the secretary, the chairman, Mrs. W. E. Mitchell, being absent.

The reports of county presidents were read, duly accepted, and filed with the secretary.

Mrs. W. H. Sargent then introduced the speaker of the morning, Dr. Clifford Sweet of Oakland, who gave an inspiring address on the subject, "The Doctor's Family."

Mrs. Chesley Bush, Mrs. Dexter R. Ball, and Mrs. H. Waldo Speirs were nominated from the floor as three members of the Nominating Committee, Mrs. A. A. Alexander and Mrs. Philip S. Doane having been previously elected from the state board. It was then moved and seconded that nominations be closed. Motion carried, and these ladies were declared elected.

Mrs. Philip S. Doane then moved that the state and county dues for 1932-1933 remain at fifty cents per person. Seconded and carried.

Then followed convention announcements.

There being no further business to come before the meeting, the meeting was adjourned.

GERTRUDE FISHER HARDING,
Recording Secretary.

* * *

Minutes of the Second Meeting of the Woman's Auxiliary.—The second meeting of the fourth annual session of the Woman's Auxiliary to the California Medical Association was called to order by the president, Mrs. W. H. Sargent, at 10 a. m., Wednesday, May 4, 1934, at the Huntington Hotel, Pasadena, California.

The report of the Credentials Committee was called for, and was as follows: Present, 38 delegates, 26 alternates, and 15 board members, with a total membership of 360 registered.

The recording secretary then read the minutes of the previous meeting, which were accepted as corrected.

The president appointed the following two committees:

Reference Committee—Mrs. Thomas Clarke (chairman), Mrs. J. W. Barnes, and Mrs. Robert Green.

Resolutions Committee—Mrs. Charles S. Stevens (chairman), Mrs. James Percy, and Mrs. Lyell C. Kinney.

The roll call by counties followed.

Mrs. C. J. Teass, chairman of the Budget Committee, read the tentative budget. Upon request for discussion, Mrs. James Percy asked if it would be wise to include a small discretionary account. Mrs. Dexter R. Ball spoke in favor of dividing the \$100 mentioned in the budget for the use of the Membership Committee for traveling expenses so that the district councilors might have the use also of expense money. Mrs. Sargent replied that the \$100 would not be for the expense of any one member of the board but for members especially selected to appear before unorganized county medical societies for the purpose of explaining the work of the auxiliary to them, and organizing auxiliaries in counties where the work of organization was approved.

It was moved by Mrs. Louis Dyke, seconded by Mrs. Scott Gleeten, that the budget be accepted as read. Motion carried.

The president of the San Luis Obispo County Auxiliary gave her report, which had been omitted on Tuesday. The report was accepted and filed with the secretary.

The report of the Nominating Committee was presented by the chairman, Mrs. A. A. Alexander. The committee submitted the following names:

For president, Mrs. F. E. Coulter of Orange County.

For president-elect, Mrs. A. M. Henderson of Sacramento County.

For vice-president, Mrs. C. S. Stevens of Santa Barbara County.

For second vice-president, Mrs. Thomas Clarke of Alameda County.

Recording secretary, Mrs. Paul Quaintance of Los Angeles County.

For treasurer, Mrs. Chester J. Teass of San Luis Obispo County.

For councilors-at-large, Mrs. Willard Newman of San Diego County, Mrs. Elliott Alden of Los Angeles County, Mrs. Dewey Powell of San Joaquin County, and Mrs. R. A. Peers of Placer County.

Nominations from the floor for district councilors followed, and the following were elected: Mrs. Clifford Wright of Los Angeles County, Mrs. E. A. Blonden of San Diego County, and Mrs. J. W. Barnes of San Joaquin County.

Mrs. James Percy, a past president of the state auxiliary and at present second vice-president of the national auxiliary, then addressed the meeting. Mrs. Percy brought greetings from the national auxiliary and spoke on subjects of interest, emphasizing the need of individual member's efforts to increase membership and make favorable contacts.

The report of the Auditing Committee representing the state board was read, accepted, and filed with the secretary.

A letter from Doctor Kress stating that CALIFORNIA AND WESTERN MEDICINE would be offered to auxiliary members at the subscription price of \$2 per year in lieu of \$5 as previously quoted, was then presented.

Dr. John V. Barrows, chairman of the Fee Schedule Committee, was the speaker from the Medical Association for the session. Doctor Barrows spoke of the committee's investigations and of Mrs. Paul Quaintance's valuable work in devising and making available budget charts which have been distributed by the Los Angeles County Auxiliary in connection with the committee's work.

The president thanked Doctor Barrows and urged that all members cooperate by using budget charts.

The election of officers was next in order. The names reported by the Nominating Committee were read by the president. There being no other candidates, Mrs. H. S. Rogers moved that the nominations be closed. This was seconded and carried. A viva voce vote was taken, and the president declared the officers named by the Nominating Committee as duly elected.

The names of the winners in the contest, "The Education of a Doctor's Wife," were announced: Mrs. Emmett A. Pearson, Mrs. Mark Glaser, and Mrs. Whitfield Crane. The successful papers were then read, each being heartily applauded.

The report of the Resolutions Committee was presented by the chairman, Mrs. C. S. Stevens, and consisted of a resolution of thanks and appreciation for the various courtesies extended to make the convention the success it was, and also expressing recognition of the fine work done during the past year by the president, Mrs. W. H. Sargent, and her executive board. It was moved and seconded that the report be adopted. Motion carried.

There being no further business to come before the meeting, the session was declared adjourned.

GERTRUDE FISHER HARDING,
Recording Secretary.

PRIZE ESSAYS—C. M. A. WOMAN'S AUXILIARY

"Educating the Doctor's Wife"

During the last year the Woman's Auxiliary of the California Medical Association announced that three prizes would be awarded to members of the auxiliary who contributed the best essays on the topic, "Educating the Doctor's Wife." The essays which received the awards follow:

FIRST PRIZE ESSAY

By Mrs. Emmet A. Pearson
Los Angeles

Doctors' wives are assuredly made and not born, for it would be asking too much even of eugenics to produce an individual with the required set of unique inhibitions and reactions. Granted then that she is to be made, let us look into the educative processes that are to do the making. It might be well first to inquire as to when the education should begin, pre- or postmatrimonially, and lest there be any controversy on the subject, we shall consider as decisive the answer made by an eminent member of the medical profession when approached on this very point. Said he, "You'd better not educate them too much beforehand or they'll never marry doctors!"

Thus we would suggest an institute for doctors' wives, conducted as part of the educational program

of the Woman's Auxiliaries. Membership on the teaching staff may be made honorary or punitive, as seems best in each auxiliary. Entrance requirements need include no evidence of previous folly save the statement that the applicant has married a duly licensed M. D. The fundamental courses to be required may be divided roughly into arts and sciences. Mathematics as such need have no place because the application of even simple arithmetic to a doctor's income is discouraging, not to say impossible.

The *sine qua non* of the whole course should be the study of the art of discreet speech. This should be extensive and intensive, and must give instruction as to how to cope with the following typical questions:

1. "What sort of an operation did Mrs. Dash have?"
2. "What should be done for infantile paralysis?"
3. "Does Mrs. Blank's little boy have anything catching?"

4. "What does your husband charge?"

There should be illustrative material with specimens from life, and these should include: (a) The doctor's wife who relates the errors made by other men who have dealt with her husband's patients; and (b) The chatty one who mentions her husband's patients by name and ailment, with treatment outlined.

The other art course we suggest as essential would be the art of medical reading and pronunciation. All good doctors' wives should be able to read professional treatises with a look of comprehension, even of enjoyment. This may take some practice. Triumph and reward will come, however, with the ability to see nonchalantly an esoteric word like "gastro-enterostomy"!

The required science courses would also be two in number—phonology and relativity. By the former we mean instruction in the science of dealing with that black imp so entrenched in the physician's household—the telephone. The doctor's wife must learn when to address it just politely, when cordially, when firmly and crisply. She must know the proper occasions for replying, "No. May I take a message for him?" and, "I'll get in touch with him"; and, "The doctor is out and cannot be reached for hours!"

Relativity, as one might expect, would be an elusive, intricate course. It would deal primarily with time, although space and distance would often be involved. For instance, the course should train the doctor's wife to estimate instantly the relationship between the time set for any social engagement and the relative number of minutes or hours due to elapse before the appearance of any given doctor. She must learn to judge from the standpoint of hostess, when she will have a number of doctors to consider, as well as from the standpoint of guest, when it is her responsibility to produce her own doctor at the appointed place, if possible before the hostess' patience has vanished entirely. There would be many other phases of this invaluable course.

Finally, we would suggest that there be no degrees granted. If ever a select auxiliary committee perceives that any doctor's wife has forgotten what she learned, she should be returned for further instruction. Generally speaking, the course will take a lifetime anyway.

SECOND PRIZE ESSAY

By Mrs. Mark A. Glaser
Los Angeles

The Doctor's Wife

- If you can hear the midnight ringing of the phone—
and not shiver,
If you can watch the roast beef crumbling in the pan—
and not quiver,
If you can still devour such things as lungs and brains
and like liver;

If you can have your parties scrambled down to naught—
and still be calm,
If you can gladly return the opera tickets—
and seek no balm,
If you can bow to Medica's relentless reign—
and have no qualm;

- If you can watch all your debtors lavishly splurge—
and never sigh,
If you can let a gloating world 'round you surge—
and never cry,
If you can be immuned to fragrant ether fumes—
and never wry;

- If above the turmoil a halo you can see—
and feel no 'larm,
If you can ever hold your head high as a tree—
and sing a psalm,
If you can sweetly smile and always helpful be—
and still have charm;

- If you can always with tranquillity endure such martyr's strife,
Then, good comrade, behold the Acme of the doctor's perfect wife,
And he in grateful homage should to you devote his love and life.

(With apologies to Mr. K.)

THIRD PRIZE ESSAY

By Mrs. Whitfield Crane
Oakland

A doctor's wife, through the rôle she plays in the partnership, is the greatest single factor making for her husband's success or failure in the practice of his profession. With a woman of understanding, good will, and sympathy for a wife, the medical man has more power given him as a practitioner than can come in any other single way.

Unfortunately, a doctor usually chooses his wife after her educational and social habits are fixed, and many times wholly without regard to what they are. After marriage she has to adapt herself to a totally new status, and it is this ability to adapt herself and self-educate herself to these changed conditions, which make for success or failure.

Sympathy, understanding, and patience—these will be her greatest attributes. A doctor's wife must necessarily deal with the public, and nothing requires more tact than this. She must train herself to keep her own counsel, to turn a sympathetic ear to those who are ill and in need, to patiently stand disappointment when her cherished plans must be changed because of the ever-present emergency call. To keep her home cheerful at all times; this probably is her greatest task. Beset day and night with his patients' ills and troubles, surely the doctor is entitled to one place, his home, where these are not present.

And what is her reward? The satisfaction of knowing that she, through her efforts, has been a great factor in her husband's success. The wife of the business man has few of the joys that come to a doctor's wife as she hears the commendation of her husband. And the knowledge that she, in her own way, is playing an important part in the carrying on of the most self-sacrificing and altruistic profession in the world. That, too, is part of her education.

COMPONENT COUNTY SOCIETIES

CONTRA COSTA COUNTY

The fourth monthly meeting of the Contra Costa County Medical Society was held at the Hotel Carquinez, Richmond, on Tuesday evening, April 19.

The meeting was called to order by Dr. S. N. Weil of Rodeo, president, at 8:05 o'clock.

Responding to the invitation of the society, Mr. James Long, county supervisor for this district, met with the members to discuss, answer questions, and to make any possible suggestions toward solving the problem of compensation for, and hospitalization of, those county emergency cases which occur in Richmond and which are of such a nature that their immediate removal to the County Hospital at Martinez would jeopardize the welfare of the patient. After much frank expression of the opinions of various members of the society, Mr. Long suggested that a new

petition be drafted by the society and given him to present to the Board of Supervisors. This he expressed himself eager to do if the conditions contained therein were such as to warrant his endorsement and approval.

Accordingly, Doctor Weil appointed a committee to draw up such a petition, or resolution, the committee to consist of Doctors U. S. Abbott (chairman) and L. H. Fraser of Richmond and J. M. McCullough of Crockett.

At the request of the secretary of the California Medical Association that the society have a committee on public relations, Doctor Weil renamed the present committee, known as the Committee on Medical Economics, to be hereafter known as the Committee on Public Relations. The committee, to remain unchanged in personnel, consists of Dr. L. Abbott Hedges and Dr. W. E. Cunningham, both of Richmond.

The scientific guest speakers of the evening were Dr. C. J. Lunsford and Dr. H. J. Templeton, both of Oakland.

Doctor Lunsford spoke most comprehensively and exhaustively on the ever-interesting subject, *Syphilis*, dealing minutely with the various clinical phases and outlining the treatment in detail. That the subject was one in which the members were intensely interested was evident from the lively general discussion on the part of the local men.

Doctor Templeton's theme was *Cutaneous Malignancies*. He dealt with the various theories of etiological factors, the importance of precancerous treatment, the prevalence of skin cancers and their clinical course and prognostic significance. His paper was much enhanced in interest by the wealth of slide demonstrations of cases, and the presentation of a remarkable clinical case of cancer of the lip, with subsequent plastic surgery.

Doctor Weil announced that the next meeting of the society would be held at the Los Medanos Hotel, Pittsburg, on May 10, would be a joint meeting with the auxiliary, and be in the form of an informal dinner.

The speakers at the May meeting will be Doctor Bowen of Oakland on x-ray interpretation, and our member, County Health Officer Dr. I. O. Church of Martinez, who will give us a county health survey.

The meeting was adjourned by Doctor Weil at 10:30 o'clock, after which the members of the auxiliary joined us in refreshments and a gay social hour, thereby completing one of the most delightful meetings of the year.

It is most gratifying to have the older members come out once more, some who have not attended for a long time.

There were three guests and twenty-two members present: Guests—Doctors C. J. Lunsford and H. J. Templeton, both of Oakland, and Supervisor James Long. Members—Doctors S. N. Weil, Clara Spalding, L. H. Fraser, Margaret Keser, J. M. McCullough, U. S. Abbott, I. O. Church, L. A. Hedges, Rosa Powell, Hall Vestal, E. R. Guinan, W. E. Cunningham, Harry Ford, C. O. Bishop, Kaho Daily, C. R. Blake, William Rowell, M. L. Stauffer, J. B. Spalding, H. L. Carpenter, W. S. Lucas, and John Beard.

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The May meeting of the Contra Costa County Medical Society was held jointly with the Woman's Auxiliary on Tuesday evening, May 10, at the Hotel Los Medanos, Pittsburg.

At the request of the president of the auxiliary, Mrs. S. N. Weil, Dr. S. N. Weil, president of the county society, presided.

A most delightful dinner was served, and from the spirit of good cheer pervading the guests, we are impressed with the need for expressing our appreciation to Dr. Selby Marks of Pittsburg, who as chairman of the Committee on Arrangements, acting with Doctors Stauffer and Kerns, provided the setting for a memorable evening.

A welcome was extended by Doctor Weil, who next introduced Dr. I. O. Church, our county health officer. Doctor Church gave a brief and interesting résumé of the history of health departments, and a most enlightening explanation of our local county health department, its organization, activities, and needs.

Dr. Carl Bowen of Oakland, our second guest speaker of the evening, after being presented to the society and guests by Doctor Weil, offered a most unusual paper on *X-Ray Interpretation of This and That*. His slides included flowers, mummies, chick embryos, shells, authentic and spurious old oil paintings, and a very comprehensive group of pathological specimens.

Because of the length of the program, the reading of the minutes of the April meeting was deferred to the June meeting, which will be held in Richmond.

Mrs. Weil expressed gratification at having so many of the doctors' wives present.

Forty-seven members and guests were present:

Members were: Doctors Fraser, Lucas, Hedges, Leech, Bolinder, Church, Weil, Peters, Marks, Rowell, Vollert, Leavenworth, Nevius, Wise, Kerns, Monteverde, Stauffer, McCullough, Gregory, Rosa Powell, Margaret Keser, Clara Spalding, Beard, Blackshaw, Burke, Sweetser, and Bowen.

Guests were: Mesdames Fraser, Hedges, Lucas, Bolinder, Church, Weil, Bowen, Marks, Monteverde, McCullough, Blackshaw, Burke, Vollert, Nevius, Leech, and the Misses Robinson, Driscoll, Grovenor and Mr. William Slosson.

CLARA H. SPALDING, *Secretary*.

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ORANGE COUNTY

Forty members of the Orange County Medical Association held their regular monthly meeting on Tuesday, May 10, in Ketner's Café, Santa Ana, at seven o'clock, the date having been postponed one week on account of the meeting of the California State Medical Association in Pasadena.

After dinner the group was called to order by President J. Luther Maroon.

The appointment of two special committees, as announced by the president, was as follows:

History and Obituaries—Charles D. Ball (chairman), F. H. Gobar, and R. S. Wade.

Public Relations—J. I. Clark (chairman), H. A. Johnston, and J. M. Burlew.

The attention of the members was called to the serious sickness and disability of Dr. B. F. Mock of Santa Ana. Though not a member of the Orange County Medical Association, a committee, consisting of D. A. Harwood, W. P. Baker, and R. P. Yeagle, was appointed, with instructions to present a full report at the next meeting, regarding Doctor Mock's health and needs.

Dr. C. D. Ball, chairman of the Committee on History and Obituaries, gave a report on the untimely death of Dr. Bessica F. Raiche on April 9. Her obituary was then read and, by unanimous vote, the secretary was ordered to include this as a permanent record on the minutes, and to forward a copy to her daughter.

The first readings on the applications of Dr. Melbourne Mabree of Santa Ana and Dr. Frances H. O'Neil of San Clemente were heard.

The final reading on the application of Dr. Harry C. Nelson of Santa Ana was made, and by unanimous vote he was elected to membership in this association.

Full reports by our delegates to the state meeting at Pasadena were made, Dr. Harry Zaiser and Dr. Dexter Ball each outlining in detail what took place. Dr. R. A. Cushman, state councilor, also gave a very interesting report of the meeting, stating that it was the best attended of any ever held. He explained many of the questions coming up for consideration: reasons for the Medical Defense Fund; explanation

as to why the dues were continued at \$10 per year; and suggestions for the merger of the Medical Economics and Public Relations Committees.

The scientific program for the evening consisted of a symposium on *Diseases of the Pelvis*, with Dr. J. M. Burlew as chairman. This program was in charge of the surgical section of our society. Dr. John Ball of Santa Ana gave a most excellent and original paper on *Carcinoma of the Cervix*, with discussion by Dr. D. A. Harwood. Dr. Claude Steen of Fullerton read a comprehensive and thorough paper on *Nonmalignant Pelvic Pathology*, which was discussed by Dr. G. Emmett Raitt. *Common Lesions of the Cervix and Their Treatment, and a Demonstration of Friedmann's Hormone Test* was the subject of Dr. G. Wendell Olson's paper, and it contained many valuable points for consideration. This was most fully discussed by Doctor Wood of Anaheim. On the completion of these papers, there being no more business to come before the society, the meeting adjourned at 10:15 p. m.

HARRY G. HUFFMAN, *Secretary*.

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SAN BERNARDINO COUNTY

The San Bernardino County Medical Society held its regular May meeting at the California Hotel in San Bernardino on Tuesday, the tenth.

This was a joint meeting with the Woman's Auxiliary to the medical society.

Dinner was served at 7:30 p. m., sixty guests being present.

The program was opened by the president, Dr. George Landon, at 8:30 p. m. In the absence of Mrs. Doane, Mrs. Coulter, president of the Woman's Auxiliary of the state medical society, gave a brief address.

After welcoming the guests of the evening, the program was put in charge of Dr. E. B. Godfrey.

Mr. Mack, the first speaker of the evening, was unable to be present on account of illness, so Doctor Godfrey summarized the facts which Mr. Mack was to have brought out.

Mrs. Harriet Fleming, president of the State Nurses' Association, read a paper entitled *Benefit of School Health Education in Promoting Health*. She also showed several interesting exhibits from the Chaffey Union High School.

Following this, Dr. George Landon spoke on *What the County Medical Society Plans to do for the Benefit of Life Extension*.

The next speaker was Dr. Giles Porter, Director of Public Health of the State of California. His subject was, *What the State of California Is Doing Toward Life Extension*.

Discussion was opened by Dr. W. W. Eldredge of Fontana, and participated in by Doctors Webster, Roblee, Wylie, and Wells.

E. J. EYTINGE, *Secretary*.

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SAN JOAQUIN COUNTY

The stated meeting of the San Joaquin County Medical Society was held Thursday, April 7, at 8:30 p. m. in the Medico-Dental clubrooms, 242 North Sutter Street, Stockton. The meeting was called to order by Past President G. H. Rohrbacher until the return of President Sanderson a half hour later.

The applications of Doctors Griner and Emrich, which had been approved by the Committee on Admissions, were acted upon. Doctors Griner and Emrich were elected to membership in the society.

The first speaker on the scientific program was Dr. Howard W. Fleming, who read a paper on *The Care of Head Injuries*. He said that with the advent of automobile injuries, head cases had multiplied five times. He presented a simple classification for such injuries illustrated by schematic slides. Fracture through frontal or ethmoid sinuses are usually followed by infection, which greatly complicates the recovery.

Dr. Howard Brown spoke on *The Diagnosis of Spinal-Cord Tumors*. He said that the prognosis in spinal tumors is exceptionally good in view of the relatively benign type of the majority, many of which are encapsulated. A great deal depends upon early diagnosis and the prevention of long periods of compression with its accompanying permanent cord damage. This necessitates a careful study of any persistent recurring pain or other symptoms suggestive of spinal-cord pathology, with accurate study of the spinal fluid pressure readings. It is probably well to consider that any process in this region, which is explainable on the basis of a single progressive lesion, is a cord tumor until proved otherwise.

Brain Tumors, Their Diagnosis, Type, and Prognosis was the subject of a paper by Dr. O. W. Stone, Jr. In addition to the usual general pressure and focal pressure signs and symptoms, the doctor called particular attention to the one symptom that appears as a result of a slow-growing tumor in the silent areas of the brain, namely, convulsions. When these appear in young adults or during middle life without apparent cause, suspicion is aroused and the possibility of a brain neoplasm should be ruled out.

Dr. Howard C. Naffziger read a paper on *Observations on the Pathology and Treatment of Certain Types of Exophthalmos Associated with Thyroid Disease*. He said that many theories had been advanced as to the cause of protrusion of the eyeballs in exophthalmos, but no one had really investigated the matter by surgical methods. It occurred to him to do a decompression operation on the eye-sockets and, in doing so, he found that the extrinsic eye muscles were greatly hypertrophied, which was the apparent cause for the exophthalmos in the cases he had operated on. It was also necessary to relieve the pressure on the optic nerve posteriorly, where the muscles are attached to the bony ring about the nerve. As a result of this treatment the cases recovered their sight and returned to normal condition.

After short discussion of the papers the meeting was adjourned, and light refreshments served.

C. A. BROADUS, *Secretary*.

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SANTA BARBARA COUNTY

The regular meeting of the Santa Barbara County Medical Society was held at the Bissell Auditorium of the Cottage Hospital on Monday evening, May 9, with President Koefod presiding.

Due to the fact that this was an open meeting and there were many visitors present, the regular order of business was reversed and the scientific program was first presented.

The president called upon Doctor Ullmann, who introduced the speakers of the evening, Dr. C. G. Toland of Los Angeles and Dr. Robert B. Greenough, assistant professor of surgery at Harvard University.

Doctor Toland spoke on the *Aims and Objects of the State Cancer Commission*, explaining that the function of the Commission is to put before the medical profession and the public all that is now known about cancer.

Doctor Greenough followed with *The Curability of Cancer*, discussing in detail all the known causes, symptoms and treatment, and giving statistical information as to the number of cancer cases that should be cured, provided the public is educated to recognize the early symptoms and not delay in seeing a doctor, who in turn must know all that is known about cancer and must be able to use every diagnostic aid in making an early diagnosis.

The meeting then went into executive session, and the minutes of the last meeting were read and approved.

A communication from the California State Homeopathic Medical Society, inviting the members of the Santa Barbara County Medical Society to attend their meeting at the Biltmore Hotel on May 11-13, was read.

WILLIAM H. EATON, *Secretary*.

SANTA CLARA COUNTY

The Santa Clara County Medical Society held its regular April meeting in the San Jose Medico-Dental Building on the evening of April 20. The meeting was called to order by President Fagerstrom.

Dr. Leon Melkonian of Gilroy and Dr. E. M. Roth of Palo Alto, having been favorably recommended by the Committee on Admissions, were elected into the society.

Inasmuch as one of our members, Dr. Charles P. Durney, had recently been called by death, the president appointed a committee to draw up a resolution of condolence to be sent to the deceased's family, and spread upon the minutes of the society.

In accordance with the recent amendment to the by-laws of the society, the president appointed the following nominating committee, which will report at the regular meeting in May: Doctors C. M. Burchfiel (chairman), Fred Ryan, S. B. Van Dalsem, Bert Lochr, and E. P. Cook.

There being no further business President Fagerstrom introduced Dr. Frank H. Rodin of San Francisco, who addressed the society on the *Recognition and Treatment of Visual Defects in School Children*.

Dr. Charles Lanne gave a paper on the *Early Recognition of Tuberculous Lesions in the School Child*, with presentation of several interesting x-ray plates.

LUCAS W. EMPEY, *Secretary*.

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TULARE COUNTY

The April meeting of the Tulare County Medical Society was held at the Tulare-Kings County Tuberculosis Sanitarium, Springville, at the invitation of Dr. J. Tracy Melvin and with the kindly assistance of Mrs. Melvin, who entertained our ladies during the scientific part of our program.

After a general tour of inspection, conducted by Doctor Melvin, through his institution, the meeting was called and previous minutes were acted upon. Of the business matters before the society it was noted that this year's membership shows thirty-nine paid up to date, which includes one new member, Dr. Barber, as against a membership of forty for 1931 or a delinquency of two members who as yet have not been persuaded to remit 1932 dues.

A letter relative to the limitations of osteopathic licensure was read.

Dr. W. R. Bridgman of Hanford and Doctor Filmore of Strathmore were introduced to the members present.

The members of the Educational Committee not being present to give their report, this matter was laid over until the next meeting.

Following routine business matters, Doctor Melvin introduced Doctor Schaper of Stonybrook Sanitarium, Kern County, who read an instructive paper on *Tuberculin-X-Ray Clinic on Bakersfield Children*, a noteworthy piece of work, and the first of its kind attempted in California. Chest x-rays were advocated as a routine measure in the study of the High School group, in which about three per cent of asymptomatic tuberculosis was discovered.

Doctor Mooney read an interesting paper on *Aspects of Childhood Tuberculosis*, and Doctor Melvin discussed *Surgical Procedures Used in Treatment of Tuberculosis*. X-rays and patients were presented to emphasize significant points.

Drs. Fowler, Parkinson, Gilbert, Melvin, Mooney, Ginsburg, Campbell, Barber, Seligman, Johnstone, E. E. Bond, Zeller, Newton, Filmore, Bridgman, Weiss, and Doctor Schaper, guest speaker, were in attendance with their ladies.

Refreshments were enjoyed at the close of a profitable afternoon. Members present look forward to the next annual pilgrimage to Springville.

K. F. WEISS, *Secretary*.

VENTURA COUNTY

The May meeting of the Ventura County Medical Society was held in the Clinic building of the Ventura County Hospital at 8 p. m. on May 10, Dr. W. S. Clark presiding.

Members present were: Doctors W. S. Clark, Mosher, Bianchi, D. G. Clark, Felberbaum, Strong, Groff, Welsh, Coffey, Little, Illick, and Yeakum.

Doctor Kilbourne of Los Angeles gave an interesting discussion of the *Treatment of Certain Rectal Diseases* by the injection treatment.

Dr. Sterling Clark reported on the activities of the House of Delegates during the last convention.

Doctor Achenbach was appointed chairman for the next month's program.

ARTEMAS STRONG, *Secretary*.

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YUBA-SUTTER COUNTY

The Yuba-Sutter County Medical Society held its annual meeting on Tuesday, May 10.

The following officers were elected to serve for the ensuing year: Allen E. Gray was elected president, to succeed himself; Thomas E. Larner, vice-president; F. W. Didier, secretary-treasurer.

The Board of Censors, Committee on Entertainment, and the delegate and alternate have not as yet been appointed.

We had with us Dr. E. S. Babcock of Sacramento, who gave us a talk on *Infant Feeding*, which was much appreciated. A vote of thanks was tendered to Doctor Babcock by the society.

A luncheon was served at the Hotel Marysville, following the business meeting.

The following resolutions to the memory of Dr. A. L. Miller, recently deceased, a member of this society for the last eighteen years, were adopted.

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IN MEMORIAM—ALBERT L. MILLER

Whereas, Death has removed from our midst our esteemed colleague, Dr. Albert L. Miller; and

Whereas, Doctor Miller was a superb representative of the ethical practice of medicine, a keen, up-to-date student, a careful considerate consultant, frequently our personal medical adviser, and the adviser of our families, a sincere friend whom we shall sadly miss; therefore be it

Resolved, By the Yuba-Sutter County Medical Society that we adopt these resolutions in his memory by a standing vote; that a copy be sent to Mrs. Miller and to Albert Miller, Jr., and that a copy be spread upon our records, and that another be sent to CALIFORNIA AND WESTERN MEDICINE.

F. W. DIDIER, *Secretary*.

CHANGES IN MEMBERSHIP

New Members (9)

Kern County—Parry Douglass.

Los Angeles County—Joseph W. St. Geme.

Napa County—Tyre Harrison Stice.

San Joaquin County—Ernest C. Griner, Samuel W. R. Langdon, Thomas Warren Kyddson.

San Mateo County—Thomas J. Crowley, Chester Frederick Johnson.

Santa Barbara County—Harry H. Alexander.

Resignations (2)

John W. Gunn, from San Francisco County.

Gustav A. Huebner, from San Francisco County.

In Memoriam

Culver, George DeWitt. Died in San Francisco, May 9, 1932, age 55 years. Graduate of University of California Medical School, San Francisco, 1903. Licensed in California, 1903. Doctor Culver was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Smith, Walter Edward. Died in San Francisco, April 24, 1932, age 52 years. Graduate of Toledo Medical College, Toledo, Ohio, 1912. Licensed in California, 1918. Doctor Smith was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

OBITUARIES



George DeWitt Culver
1877-1932

George Dewitt Culver passed away from among us on May 9, 1932, after a life filled with good works.

I was intimately associated with him for nearly thirty years, first when he was a student and later as an associate, and throughout those long years I never saw him falter in the justice of his intellectual processes, and this type of mind is so necessary for the true physician, whose work consists in correcting the adjustments of the patient to his environment, as well as the regulation of the life processes. This accuracy of thought, together with the capacity for taking infinite pains, made George Culver an unusually clever diagnostician and therapist.

His attention to apparently trivial details that would add to the comfort of the patient or to the success of a procedure often reminded me of a favorite saying of a distinguished clinician in Berlin. In regard to the patient "es giebt keine Kleinigkeiten" (in the view of the patient there are no small things).

He was not a showy, self-assertive man. If attainment of a practice had necessitated the qualities of social brilliancy or political or professional assertiveness or declamation he never would have succeeded. His success was entirely due to attention to the individual patient, both physically and psychically, and in this he had become expert. I had been his teacher, but as he grew in experience I learned more and more to seek his advice in diagnosis and treatment. The student in many instances had become the teacher.

It was a pleasure to watch him do his work, and this enabled him to appreciate good work in others,

and he was not slow in awarding praise where praise was deserved. Generosity was a marked trait in his character.

It was indeed a comfort in discussing a case to know that he was intent on arriving at the truth, and was not either seeking to placate the patient or to make himself agreeable to those with whom he was communing. This was one of the greatest pleasures we enjoyed together in the office.

It is not meant to deprecate the more showy qualities so often leading to success among medical men. They often add to the picturesqueness of the profession, and when controlled by gentlemanly behavior are frequently most likeable. If all the members of our profession were like Doctor Culver, however, no code of ethics would ever have been written.

Along with this self-effacing mildness and gentleness there went an unbreakable honesty and self-esteem. His firm character was an ever present blessing in a trial such as his last illness was, a trial which rarely fails to break down even the most steadfast. This uncomplaining, unselfish philosophy of life in a patient lightens the task of all who minister to him, and alleviates at the same time the sufferings of the patient himself. Those who attended him can testify that he was a most considerate and tractable patient.

The profession has not shown itself unmindful of its esteemed fellow member. Eugene S. Kilgore, Harry R. Oliver, Leroy Brooks, George N. Hosford, Ernest S. du Bray, and Herbert C. Moffit rendered their best efforts and most assiduous care throughout a long and exigent illness. These men, together with a loving and thoroughly helpful wife and an affectionate nephew, did everything possible to alleviate his bed of languishment.

D. W. MONTGOMERY.

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Bessica Faith Medlar Raiche 1875-1932

Bessica Faith Medlar Raiche died at Santa Ana April 9, 1932, at the age of fifty-six years. Doctor Raiche graduated from Tufts College Medical School, Boston, in 1903, was licensed in California in 1916, and was admitted to the Orange County Medical Association in 1917. She served as president of the Orange County Society in 1923. She was also a member of the California Medical Association and a Fellow of the American Medical Association.

Bessica Faith Medlar was the daughter of James B. and Elizabeth (Curtis) Medlar. She was born April 23, 1875, near Fort Atkinson, Wisconsin. Doctor Medlar married Frank C. Raiche. Her husband and one daughter survive.

After graduation Doctor Raiche practiced in Massachusetts for several years, but ill health compelled her to come to California, where she was professionally inactive for a time. During the time that she was devoted to regaining her health she became one of the most famous woman aviators that America has produced. On the 16th of September 1910, Doctor Raiche, in an air machine, designed and constructed by herself and her husband, Frank C. Raiche, made her first successful air flight at Miniola, Long Island. So enthusiastic was the Aero Society of New York City that they presented her with a diamond-mounted gold medal on which was inscribed, "First Woman Aviator of America, Bessica Raiche." Immediately her fame as an aviator spread beyond the sea and she became famous throughout Europe.

Notwithstanding her wonderful success as an air pilot, as soon as her health was fully regained Doctor Raiche abandoned aviation entirely and resumed the practice of medicine that she so dearly loved. For some years preceding her death she limited her practice to obstetrics and gynecology. In her specialty she was very successful, and will be greatly missed by a large clientele.

Carlos Moulton White
1872-1931

Doctor White was born near Alexandria, Minnesota, and died at Visalia, California, on November 6, 1931, at the age of fifty-nine.

After his early schooling in Minnesota, he attended the University of Minnesota, University of Chicago, and Rush Medical College, graduating from Rush Medical College on June 21, 1901.

After living a short time in North Dakota and Washington, he came to Lindsay, California, in 1907, where he married Clophine Bernard. To this union was born a daughter, Carline. In 1909 he moved to Visalia, where he resided until his death.

He was a very capable surgeon, enjoying a large practice. Doctor White was district surgeon for the Southern Pacific Company, and for thirteen years was physician for Tulare County Hospital. He also served as president of the Tulare County Medical Society.

His pleasing personality made him a very large circle of friends. He was a member of the B. P. O. Elks, Masons, Eagles, and Moose.

Doctor White possessed what in this modern age is too seldom found, the spirit of the true physician. He gave unstintingly of his time and energy in the effort to relieve human suffering and to the mitigation of disease, regardless of the patient's social or financial status.

No road was ever too long or night too dark and stormy to deter him from going to the relief of a human being who was ill or otherwise in distress.

His passing has brought sorrow to the hearts of those who knew him well. Their memory of him will always be replete with thoughts of his unvarying kindness and affection.

NEVADA STATE MEDICAL ASSOCIATION

A. C. OLMSTED, Wells.....	President
O. HOVENSTEN, McGill.....	President-Elect
J. H. HASTINGS, Ploche.....	First Vice-President
E. E. HAMER, Carson City.....	Second Vice-President
HORACE J. BROWN, Reno.....	Secretary

COMPONENT COUNTY SOCIETIES WASHOE COUNTY

The Washoe County Medical Society entertained at the Riverside Hotel, Reno, on May 10 in honor of the speaker of the evening, Dr. Edward W. Fleming of the neurological department, University of California. Following luncheon, Doctor Fleming gave a delightful résumé of the sights and scenes from his recent trip to the Orient.

In the evening at eight o'clock, the Washoe County Medical Society convened at the State Building. Following the reading of the minutes of the last meeting, the acting president, Dr. A. R. DaCosta, presented Dr. Howard W. Fleming to the society.

Doctor Fleming began by prefacing his remarks with the announcement as made by the local secretary, Doctor Bath, with reference to deaths caused by automobiles in the United States last year. The statistics for 1931 were appalling. Upward of 30,000 persons were killed in motor accidents in the United States last year. Washoe County, Nevada, with a population of 27,000, lost fourteen by automobile deaths in 1930. In 1931 twenty-two were killed in automobile accidents, and one in an airplane crash.

The annual death list of killed and wounded in the United States by automobile alone, is equal to the sum total of American soldiers killed and wounded in the World War. This is a most serious fact for vital statisticians to consider and for state traffic officers to suggest means of relief. Doctor Fleming said if 30,000 were killed, there were in all probability thou-

sands more living with brain injuries of more or less serious extent. This brought him to the consideration of the topic for the evening, *Skull Fractures and Brain Injuries*.

The following is a résumé of a most excellent *ex tempore* address which was illustrated throughout with lantern slides.

SKULL FRACTURES AND BRAIN INJURIES

In dealing with so serious an injury as skull fracture or brain injury, or both, the attending physician should be prepared to do certain essential things, which if done by surgeons of experience in brain injuries might go a long way to insure not only the recovery of the patient, so far as life is concerned, but greater, also, the recovery of the patient to the extent that the patient can again resume his previous occupation in a gainful manner, free from apparent skull defects and with a feeling of capability in being able to carry on.

The first thing to know is that patients never die from skull fractures *per se*, but if they die, death follows laceration of brain substance, hemorrhage, and edema. And the patient might have all these and yet have no skull fracture.

Upon meeting a patient, say on the roadside, the first consideration is to have the patient made comfortable and keep up his vitality, which has been greatly reduced by shock of the accident. Stimulating with caffeine and hot-water bottles is in order, but no hypodermics of morphine, as morphin is a respiratory paralyzer, and that is what the physician must seek to avoid, namely, respiratory paralysis.

The first thing necessary is to make observations of the type of injury. Scalp wounds, condition of pupils (normal or dilated, one or both), localized paralysis (normal or stertorous breathing reflexes), pulse rate, and, if any, bloody or serous discharges appear at the nose or from the ear.

It is but the work of a few minutes to determine these important outward signs of inward distress. Does the patient have visible fracture with or without depression and torn scalp, or is the injury altogether within the skull? If the patient's condition permits, if there are scalp wounds present, these should receive thoroughly approved surgical attention such as shaving if necessary the entire head, thoroughly exploring the width and depth of the scalp wounds and thorough antiseptic cleansing of the same. Ragged edges are to be debrided, and after suture, if in doubt, drainage instituted and thorough aseptic dressings applied to head.

If the patient has responded to stimulants (not whisky or morphin) and he can be placed in a hospital without too much fatigue to the patient, such is advised.

In the hospital or at home the following should be done: First, intravenous injections of standardized prepared solutions of glucose, 50 cubic centimeters per injection. This can be given from four to six times in the first twenty-four hours or oftener, as indications require. Next, one or two ounces of saturated solution of magnesium sulphate by mouth or stomach tube or nasal catheter. If unable to introduce this into the stomach, then double this quantity every six hours and give by bowel. Then a careful determination by the same physician or trained nurse of the arterial tension. A high systolic with a low diastolic with a wide pulse pressure is a sure indication of continued intracranial hemorrhage or a resultant anoxemia with brain edema. This should call for spinal puncture, extracting 20 to 60 cubic centimeters of spinal fluid per puncture. If a spinal manometer is used, the rapid gush of the spinal fluid will register high on the instrument, the normal pressure being about 90 to 110 millimeters of mercury. Then take the blood pressure again. Blood pressure should be taken every one-half hour and always by the same person. The physician if necessary can train the nurse in a few readings on the people in the house or hospital so as to be able to correctly read the blood pressure.

Referring to the abnormal variation in pulse pressure, there is either a continuous hemorrhage going on external to the brain substance, or an anoxemia, which is oxygen starvation to the brain substance. If hemorrhage or anoxemia is permitted to continue, the patient dies from respiratory paralysis. To prevent this, dehydration by Epsom salts in generous quantity by mouth or bowel, or a drop or two of croton oil on the back of the tongue, frequent intravenous injections of 100 to 200 cubic centimeters hypertonic salt or Ringer's solution or glucose, or both, will dehydrate the brain, preventing anoxemia and hemorrhage if such prevention is possible by therapeutic means.

The question of brain surgery is one to be determined by the brain surgeon. But prompt and efficient administration of the above outlined measures are to be done in all first-aid cases of brain injuries.

All discharges from nose or ears should be gently wiped away and the openings gently plugged with sterile cotton. Examination of the eye fundus should be attended to by an eye surgeon. If the above therapeutic decompression aid is given, later surgical decompression will frequently be unnecessary. If no surgery is done and the patient is kept thoroughly dehydrated, and the quantity of fluids by mouth is limited to twenty to thirty ounces per day, the attending physician will have done all that is usually possible to be effected by the intelligent application of therapeutic measures.

It must be borne in mind that brain injuries may range from simple concussions attended with temporary unconsciousness, but with full mental and physical restoration, to grave or fatal rupture of brain substance with subsequent loss of mental or physical well-being or death. Not all patients who have had brain injuries die. But when the injury is deep-seated and destructive to the brain tissue, a high percentage, 60 to 70 per cent, will die in the first four or five hours. Then of those who will die, 25 per cent will die within the next one hundred hours. The remainder will die either within a few days or a week. But it is for those who might have the chance to live that prompt and continued measures must be carried out as above outlined. The attending physician must at all times bear in mind that not only must the patient be given a chance to live, but that he must be restored to a normal condition of well-being, both physical and mental, and able to take his part again as an economic factor in his social surroundings.

Following high expressions of commendation for the excellency of the essayist's address, the society adjourned.

THOMAS W. BATH, Secretary.

UTAH STATE MEDICAL ASSOCIATION

R. A. PEARSE, Brigham City.....President
F. M. McHUGH, Salt Lake City.....President-Elect
L. R. COWANS, Salt Lake City.....Secretary
J. U. GIESY, Kearns Building, Salt Lake City
.....Associate Editor for Utah

COMPONENT COUNTY SOCIETIES

SALT LAKE COUNTY

A regular meeting of the Salt Lake County Medical Society was held Monday evening, April 25, at the Newhouse Hotel. The meeting was called to order by the president at 8:05 o'clock. There were fifty-two members and no guests present.

It was moved and seconded that the monthly bulletin be continued. Passed.

Dr. G. G. Richards gave a report on the San Francisco meeting of the American College of Physicians. Dr. Richard Middleton presented a paper on *Recent Advance in Urology*. Dr. J. P. Kerby presented a paper on *Intravenous Urography*.

Discussion of these papers was presented by Doctors Q. B. Coray and G. G. Richards.

Moved by Dr. F. M. McHugh and seconded by Dr. S. G. Kahn that arrangements be made for a joint meeting with the dental society in June, and that a committee be appointed to make arrangements.

Dr. L. E. Viko made certain announcements for the health department, asking for an expression of opinion on demand for certified milk and on the value of radio broadcast and bulletin. Moved by Dr. A. C. Callister that these questions be referred to the Committee on Public Health, with power to act. Passed.

Dr. C. Shields made a preliminary report for the Committee on Medical Economics. Dr. C. J. LaBarge made a preliminary report for the Committee on Public Policy and Legislation. Dr. R. T. Woolsey reported on activities of medical finance companies.

Dr. G. N. Curtis moved that secretary write our congressman expressing opposition to the Jones Bill.

Dr. F. M. McHugh moved an amendment that the motion be referred to the Committee on Public Policy. Passed.

* * *

The regular meeting of the Salt Lake County Medical Society was held Monday evening, May 9, at the Holy Cross Hospital. It was called to order by the president at eight o'clock. There were thirty-nine members and two guests present.

Dr. A. N. Leonard presented a case of *Mixed Tumor of the Mouth*. Dr. T. A. Flood reported the pathology of the *Removed Tumor*, and a case of *Cystoma in a Child*. Drs. T. Welsh and T. A. Flood reported a case of *Neuroblastoma of the Eyes*. Dr. C. Shields presented a case of *An Acute Exacerbation of a Chronic Encephalitis with Hemorrhage into the Ventricle*. Dr. T. W. Stevenson reported a case of *Congenital Strangulated Hernia of the Umbilical Cord*. Dr. E. D. Hammond presented a case of *Epidemic Encephalitis Complicating Tonsillitis*. Dr. R. J. Friel reported a case of *Splenomegaly Associated with Cholelithiasis, with Recovery from the Splenomegaly after Cholecystectomy*.

L. E. VIKO, Secretary.

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WEBER COUNTY

At the regular meeting of the Weber County Medical Society, which was held on April 21, Dr. B. O. Whitten, superintendent of the State School for Feeble-Minded at American Fork, read a very interesting paper on feeble-mindedness and its relationship to the people of the state. He also discussed the organization of the state school and outlined a program of future development necessary for the proper care of the mental unfortunates of the state.

WILLIAM M. McKAY, Secretary.

Suprarenal Cortical Hormone and Respiratory Metabolism.—Webster and his associates made an attempt to determine the rôle of the suprarenal cortex in the regulation of respiratory metabolism. Following bilateral suprarenalectomy in cats, there was a maximum fall of approximately 50 per cent in metabolism. The administration of suprarenal cortical hormone to these animals caused the respiratory metabolism to return to normal in from twenty-four to forty-eight hours. This change occurred also in animals which had been subjected to total thyroidectomy prior to the beginning of the experiment. Subcutaneous injection of large amounts of suprarenal cortical hormone was not found to affect the respiratory metabolism of normal cats or rabbits. Similar quantities of the hormone, when injected into the thyroidectomized cats, caused an increase in metabolism of from 15 to 30 per cent in 80 per cent of the cases. It would appear that the suprarenal cortical hormone exerts an influence, either direct or indirect, on the mechanism of respiratory metabolism and that this effect can occur independently of the thyroid.—*American Review of Tuberculosis*, and *Journal of the American Medical Association*, Vol. 98, No. 17.

MISCELLANY

Under this department are ordinarily grouped: News; Medical Economics; Correspondence; Twenty-five Years Ago column; Department of Public Health; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings—

American Federation of Organizations for the Hard of Hearing, San Francisco, June 20-23, 1932. Dr. Austin A. Hayden, Chicago, president.

Medical Library Association, San Francisco, June 20-22, 1932. Miss Marjorie J. Darrach, 645 Mullett Street, Detroit, secretary.

National Tuberculosis Association, Colorado Springs, June 6-9, 1932. Dr. C. J. Hatfield, Seventh and Lombard streets, Philadelphia, secretary.

Pacific Northwest Medical Association, Spokane, Washington, June 27-29, 1932. C. W. Countryman, 280 Paulsen, Medical-Dental Building, Spokane, Washington.

Southern California State Dental Association, Los Angeles, June 13-15, 1932. Charles M. Alderson, 606 Brockman Building, Los Angeles.

Western Branch of the American Urological Association, Portland, Oregon, July 1 and 2, 1932. F. S. Dillingham, 320 Fidelity Building, Los Angeles, secretary.

University of California Medical School.—Promotions have been announced as follows:

I. Maclaren Thompson, from associate professor of anatomy to professor of anatomy.

Robert O. Moody, from associate professor of anatomy to professor of anatomy.

Paul L. Kirk, from instructor in biochemistry to assistant professor of biochemistry.

Sidney J. Shipman, from assistant clinical professor of medicine to associate clinical professor of medicine.

Benjamin L. Freedlander, from instructor in medicine to assistant clinical professor of medicine.

Olive N. Ehrenclou, from assistant in medicine to instructor in medicine.

Norman N. Epstein, from instructor in dermatology to assistant clinical professor of dermatology.

Frances Torrey, from assistant in dermatology to instructor in dermatology.

John M. Graves, from assistant in dermatology to instructor in dermatology.

Francis S. Smyth, from associate professor of pediatrics to professor of pediatrics.

William A. Key, from assistant in orthopedic surgery to instructor in orthopedic surgery.

Keene O. Haldeman, from assistant in orthopedic surgery to instructor in orthopedic surgery.

Lewis F. Morrison, from instructor in otorhinolaryngology to assistant clinical professor of otorhinolaryngology.

Robert S. Stone, from assistant professor of roentgenology to associate professor of roentgenology.

Abraham Bernstein, from assistant in obstetrics and gynecology to instructor in obstetrics and gynecology. New appointments of the rank of instructor or higher:

Sylvan L. Haas, associate clinical professor of orthopedic surgery (from March 7, 1932).

Moritz Weber, assistant professor of otorhinolaryngology.

Gordon Alles, lecturer in pharmacology.

Edward L. Munson, lecturer in preventive medicine and public health (from January 1, 1933).

Thomas D. Woodson, lecturer in psychiatry (from January 1, 1932, to May 15, 1932).

Thomas L. Long, lecturer in psychiatry (from January 1, 1932).

Verne T. Inman, instructor in anatomy.

Sabbatical leave of absence for 1932-33:

Robert O. Moody, professor of anatomy.

American Federation of Organizations for the Hard of Hearing in San Francisco.—The thirteenth annual conference of the American Federation of Organizations for the Hard of Hearing will be held at the Hotel St. Francis, San Francisco, June 20-23, 1932. This federation is composed of more than a hundred leagues for the hard of hearing, of which twenty are located in California cities. The founder and honorary president of the federation is Dr. Wendell C. Phillips of New York City, former president of the American Medical Association.

A luncheon to visiting otologists under the chairmanship of Dr. Cullen F. Welty of San Francisco will be held at the St. Francis Hotel on Monday, June 20. The scientific session of the conference will be held Wednesday morning, June 22. Following is the program:

Willing Ears—Austin A. Hayden, M. D. Discussion: Harold A. Fletcher, M. D., San Francisco; Robert C. Martin, M. D., San Francisco.

Legal Aspects—Mrs. Annette Abbott Adams, San Francisco, attorney-at-law, formerly assistant United States Attorney-General.

Hearing Aids—Isaac H. Jones, M. D., Los Angeles.

Research in Deafness—Moritz Weber, M. D., Hooper Foundation. Discussion: Karl F. Meyer, Ph. D., director, Hooper Foundation; Hermann Becks, M. D., D. D. S., assistant professor, dental pathology, Hooper Foundation.

Dr. William J. Mellinger of Santa Barbara will preside at the closing banquet of the conference, Thursday, June 23.

Western Branch of the American Urological Association.—The eighth annual meeting of the Western Branch Society of the American Urological Association will be held at Portland, Oregon, July 1 and 2.

Friday, July 1, there will be a dry clinic in the morning; luncheon at the Heathman, the official hotel; in the afternoon, papers. A banquet and entertainment at the University Club will be held in the evening.

Saturday, July 2, papers in the morning; luncheon, including the ladies. In the afternoon, a motor trip up the Columbia River Highway; and in the evening a barbecue, including the ladies, is programmed. Fishing and horseback trips will also be provided. All members of the society will be invited to attend.

American Occupational Therapy Association.—The American Occupational Therapy Association, 175 Fifth Avenue, New York, is about to issue its first annual directory of qualified occupational therapists, which will include the names of those who applied and were found qualified for admission to the national register established by the association early in 1931.

Acting on the advice of leading medical and nursing organizations, the association decided, as a first step toward the establishment of a national directory, to set up minimum standards of training, which were first promulgated in 1923. The standards were raised in 1926 and again in 1929, and the latest standards are now being met in the leading training schools recommended by the association.

Meeting of Southern California State Dental Association.—The Southern California State Dental Association will hold its thirty-fifth annual meeting in the Los Angeles Biltmore Hotel on June 13, 14, and 15, 1932.

The outstanding guest essayists on this program will be Russell L. Haden, M. D., of the Crile Clinic,

Cleveland, Ohio, and Nathan Sinai, D. P. J. M. S., of the University of Michigan.

On Monday evening, June 13, at 8 o'clock a special joint meeting of physicians and dentists will be held in the Major Theater in the Beaux Arts Building at Eighth and Beacon streets, at which time Doctor Haden will speak on "The Present Status of Dental Infection in Clinical Medicine." Doctor Sinai will address the meeting on the subject of "The Social Evolution in Medicine and Dentistry."

A cordial invitation is extended to the members of the medical fraternity to be present at this meeting as well as the sessions in the Biltmore Hotel from Monday to Wednesday.

Pasteur Society of Central California.—The last regular meeting of the Pasteur Society of Central California was held in San Francisco, May 11, 1932. About ninety members and guests attended the dinner, and the following program was presented on psittacosis, or parrot fever.

Dr. H. L. Wynns, epidemiologist of the State Department of Health, spoke on the epidemiological investigation of several cases of psittacosis in California. Dr. J. B. Luckie, vice-president of the Pasadena Hospital, gave the clinical aspects of the disease. Dr. K. F. Meyer, director of the Hooper Foundation for Medical Research, presented an address on the history of psittacosis.

MEDICO-LEGAL

OPINION OF CALIFORNIA ATTORNEY GENERAL ON CHIROPRACTORS SIGNING DEATH CERTIFICATES

Considerable interest was recently aroused by statements which appeared in the lay press that chiropractors would hereafter be permitted to sign death certificates in California.

For the information of members of the California Medical Association, this issue of CALIFORNIA AND WESTERN MEDICINE prints the opinion which Attorney-General U. S. Webb of California rendered to District Attorney Thomas Whelan of San Diego County, who brought up the subject of the rights of chiropractors to sign death certificates in California.

The opinion of Attorney General Webb follows:
San Francisco, March 25, 1932.

Honorable Thomas Whelan,
District Attorney, San Diego County,
Court House,
San Diego, California.

Dear Sir:

We have your communication of the 4th inst. in which you enclose a copy of an opinion rendered by your office to your County Health Department in the matter of the privilege of chiropractic licentiates to sign death certificates.

You point out that Section 13 of the Initiative Chiropractic Act of 1922 (Deering's General Laws, 1923, Act 4811) states that "chiropractic licentiates shall observe and be subject to all state and municipal regulations relating to all matters pertaining to the public health, and shall sign death certificates and make reports as required by law to the proper authorities, and such report shall be accepted by the officers of the departments to which the same are made."

You have reached the conclusion that although the above section might appear to authorize chiropractic licentiates with no further licenses or certificates from the State of California to sign death certificates, this is not a proper construction of the law when considered in connection with other statutes of this state.

You also call attention to the fact that Section 18 of the said Initiative Act provides that nothing therein contained shall be construed as repealing the "Medical Practice Act" of June 2, 1913, or any subsequent amendments thereof, except in so far as that act, or said amendments, may conflict with the provisions of the Initiative Act as applied to persons licensed under said Initiative Act to which extent any and all acts or parts of acts in conflict therewith are repealed.

You have advised that in order to be qualified to sign death certificates, the licentiate must be a physician as defined in the Medical Practice Act of this state.

We will first take up the vital statistics registration law of California (Act 3608, Deering's General Laws, 1923), being Chapter 378 of the Statutes of 1915, as amended. This is an act to provide a central bureau for the preservation of records of marriages, births and deaths, and to provide for the registration of all births and deaths, the establishment of registration districts under the superintendence of the State Bureau of Vital Statistics, etc. The State Board of Health is directed to maintain a Bureau of Vital Statistics, which shall have charge of such matters as above described. The board is required to appoint a state registrar, who shall be the director of vital statistics. The state registrar is required, under the direction of the State Board of Health, to have charge of the registration of births, deaths and marriages, and shall procure the registration of the same in each primary registration district as constituted in the act, and also have this registration in the Bureau of Vital Statistics in the State Board of Health at the capital of the state.

Section 7 describes the form of a death certificate. Among other things it is provided, in subdivision 17 of said section 7, that there must be a certification as to medical attendance on the decedent, and the "signature and address of physician or official making the medical certificate." Here we see a description of the person authorized to sign a death certificate as being either a "physician" or "official making the medical certificate." The theory of your opinion is that only a physician or such an official as, for instance, a coroner where there has been no medical attendance, can sign the death certificate. There are several other references in this vital statistics registration law to the duties of "physicians" in the premises. Of course, a chiropractor might be a physician, and also, without being a physician, might be a coroner. In other words, you have reconciled the Chiropractic Initiative Act with the General Medical Practice Act, and the Vital Statistics Registration law. You conclude that chiropractors may make such death certificates only when qualified under the provisions of the other statutes.

An examination of the Medical Practice Act of this state, and also of the Initiative Chiropractic Act, shows a very clear distinction between physicians and druggless practitioners. Section 8 of the Medical Practice Act, being General Act 4807, Deering's General Laws, 1923, gives the forms of certificates that may be issued. They are, first, physicians' and surgeons' certificates; second, a certificate authorizing the holder thereof to treat injuries, deformities or other physical or mental conditions without the use of drugs or what are known as medical preparations, and without in any manner severing or penetrating any of the tissues of human beings, etc., which certificate shall be designated "druggless practitioner's certificate," and then other forms of certificates in which we are not interested are described.

Various requirements in the act provide for considerable qualifications for an applicant for physician's and surgeon's certificate in addition to those provided for an applicant for a druggless practitioner's certificate. The preliminary educational requirements are different, and the subjects to be studied and the hours of such study in order to secure such certificates are in no way comparable.

One of the grounds for suspending the right of the holder of a certificate to practice, or of revoking his certificate, is "the use by the holder of a 'druggless practitioner's certificate' of drugs or what are known as medicinal preparations, in or upon any human being, or the severing or penetrating by the holder of said 'druggless practitioner's certificate' of the tissues of any human being in the treatment of any disease, injury or deformity . . ." etc., etc. (Section 14, Medical Practice Act as amended Statutes 1929, page 626.)

Clearly, prior to the Chiropractic Initiative Act, a chiropractor, not being a physician, could not sign a death certificate. However, the Initiative Chiropractic Act was adopted after the above acts of the legislature. As above noted, it states in Section 13 thereof that "chiropractic licentiates shall observe and be subject to all state and municipal regulations relating to all matters pertaining to the public health, and shall sign death certificates and make reports as required by law to the proper authorities, and such reports shall be accepted by the officers of the departments to which the same are made."

This language would appear to be so clear as to not permit of judicial construction.

I am advised by the state registrar of vital statistics that it has been their policy to accept such death certificates so signed by chiropractors. This administrative construction of the law is entitled to certain weight. Also, there would be no power in the legislature to amend this initiative act, inasmuch as the act itself vested no such power in the legislature.

In Section 18 of the act it is particularly provided that all acts or parts of acts in conflict with the initiative act are repealed.

This office has rendered certain opinions on the general subject matter of the Chiropractic Act. In Opinion 4943, rendered to the California State Board of Health under date of February 15, 1924, we had before us Section 3084

of the Political Code providing, in part, that no burial shall take place without a certificate "signed by a physician." We advised that the word "physician" as used in this section meant a licensed physician, or, in other words, one duly authorized to engage in the practice of his profession. There was no reference in this opinion to the Initiative Chiropractic Act, nor to the proper construction of Sections 7 and 18 thereof.

In opinion 5255, rendered to the Honorable Walter A. Yarwood, secretary of the State Athletic Commission, under date of March 2, 1925, we advised, with reference to an initiative measure adopted at the general election of 1924. This act governed boxing and wrestling contests, and provided that every club holding a license to conduct the contests provided for in the act shall have in attendance a "licensed physician," and the act further provided for the issuance of a license by the commission to physicians. We advised that chiropractors receiving licenses under their own act were not to be considered as "licensed physicians." This opinion, however, had nothing to do with the right of a chiropractor to sign a death certificate.

Under date of January 9, 1929, we advised the Honorable Charles R. Detrick, insurance commissioner of the State of California, that a chiropractor will not be recognized as a physician who might visit disabled persons to comply with the provisions in accident and health policies requiring that in case of such disability the insured must be visited by a regularly licensed physician. This, however, has nothing to do with the question of your present inquiry.

Under date of July 7, 1931, in an unofficial communication addressed to Alex M. Lessem, M. D., City Health Officer of San Diego, we advised that a chiropractor was not authorized to sign death certificates. However, this communication was based on the provisions of the Vital Statistics Registration Law above discussed, and the Act of 1904 relating to the registration of deaths (Statutes 1905, page 115), and no consideration was given to the later Initiative Chiropractic Act.

After careful consideration of these various acts, and particularly of the language found in Sections 7 and 18 of the Chiropractic Act, we are of the view that the act clearly evidences an intention to authorize chiropractors to sign death certificates, and requires the accepting of such certificates by the proper authorities without any further requirement that such a certificate be signed either by a physician or by an official authorized to sign a death certificate.

Yours very truly,

Signed: U. S. WEBB, Attorney General,
By Frank English, Deputy.

Filing No. 7965.

* * *

Appeal From the Appellate Department Decision Regarding Court Jurisdiction in a Medico-Legal Case

Somewhat pertinent to the preceding opinion of Attorney-General Webb of California, is an article which appeared in the *San Francisco Recorder* of May 13, 1932, which deals with the chiropractor case which was commented on in the May *CALIFORNIA AND WESTERN MEDICINE*, page 371. What follows here should be read in conjunction with the reference just given. When the final opinion is rendered, a note will be made thereon in *CALIFORNIA AND WESTERN MEDICINE*. The article follows:

That the Appellate Department of the Superior Court is not the court of last resort on appeals from municipal courts in counties in which such courts have been established (Los Angeles and San Francisco), but that the Supreme Court has inherent power to set aside decisions of the Appellate Departments that are in conflict with rulings of the District Courts of Appeal, is declared in a petition for writ of error filed in the Supreme Court by City Prosecutor Charles P. Johnson of Los Angeles, attacking a ruling of the Appellate Department of the Superior Court of Los Angeles, holding that W. I. Schuster, a chiropractor, could not be prosecuted under the Medical Practice Act for any misuse of the prefix "Dr." but must be prosecuted therefor under the Chiropractic Act, if at all. (*People etc. vs. Schuster*, 2 Cal. Sup. 11.)

The Appellate Department based its conclusion that Schuster could not be prosecuted under the Medical Practice Act on the premise that Section 17 of the act, relating to chiropractors, had been repealed by the enactment of the Chiropractic Act.

The District Court of Appeal, according to the contentions of the city prosecutor, in ruling on this point in the case of *People vs. Mills*, 74 Cal. App. Rep. 353, held that there was no conflict between the two acts and that a person violating the Medical Practice Act could be prosecuted thereunder, no matter if he could be prosecuted under the Chiropractic Act. Deputy City Prosecutors John L. Bland and Joe Matherly presented the petition for writ of error.

Contrary to the Appellate Department's conclusion, they assert. It was also decided by the District Court of Appeal in *People vs. Machado*, 99 Cal. App. Rep. 702, that a license to practice chiropractic is not a defense to a charge under the Medical Act.

The legislature failed to provide for a review by the Supreme Court on conflicts between Appellate Department and District Court of Appeal decisions, the petitioners add, despite the fact that the department is an inferior court.

Unless the Supreme Court can take jurisdiction, the petition continues:

"the anomalous condition exists whereby the decisions of the inferior court are superior to the decisions of the said District Court of Appeal for the reason that the right exists to have the Supreme Court determine the correctness of the decision of the said District Court, while no means exists whereby the errors of the said Appellate Department of the Superior Court may be reviewed."

Uniformity of decisions is also impossible because of the situation, petitioners declare, because the Appellate Department's rulings are binding on municipal and justices' courts in Los Angeles and San Francisco counties, but the inferior courts of other counties are bound by District Court of Appeal decisions.

As authority for the issuance of a writ of error, the petitioners cited *Ex Parte Thistleton*, 52 Cal. 220; *Adams & Company vs. Town*, 3 Cal. 247; *S. P. & N. R. R. Company vs. Harlan*, 24 Cal. 334; *Widner vs. Superior Court*, 94 Cal. 439.

CALIFORNIA STATE HOSPITALS

During the last several years the organization and administration of the California State Hospitals has been a subject of considerable discussion among medical and lay citizens who were interested therein. The subject has also been given consideration at several meetings of the California Medical Association Council.

In item 16 of the Council meeting of May 4, 1932 (see page 455), reference is made to a special report which was submitted by Dr. George G. Hunter of Los Angeles. That report is here printed for the information of members of the California Medical Association. Report follows:

REPORT OF CALIFORNIA MEDICAL ASSOCIATION COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

To the Chairman and Council:

In conformity with the resolution passed by the Council of the California Medical Association referring to this committee the matter of investigation and suggestion as to the methods to accomplish, first, higher type of medical and executive service in our state hospitals, and second, protection to the superintendents and medical staffs of said hospitals against summary dismissal for political expediency, your committee offers the following report:

In view of the fact that the financial affairs and general policies, with respect to state hospitals, are largely in the hands of the Department of Finance, the prime concern of the Director of Institutions becomes medical administration and rehabilitation of the sick. It would therefore seem proper that the director be a medical man with a background of experience in mental diseases who will have the point of view necessary to bring the hospital efforts and aims into accord with present-day conceptions.

We therefore recommend that the Director of Institutions shall have as his qualifications for appointment a degree from a well-recognized nonsectarian medical school; that he be a graduate of at least five years' standing and hold an unrevoked license to practice medicine in California.

As the major interest of the director has to do with hospitals for mental disease, we believe that his usefulness will be enhanced by at least two years actual experience in a hospital for mental diseases. However, in view of the fact that corrective institutions, the narcotic hospitals, and the homes for feeble-minded are also under the jurisdiction of the department of institutions, we do not hold rigidly to the requirement that such experience shall be one of the essential prerequisites to his appointment.

We are of the opinion that the selection of the director would be perhaps freer from political power

were it in the hands of a board, lay and medical, whose appointment was not in the hands of each changing administration, but if the qualifications for eligibility be reasonably established the appointive power might safely rest in the Governor's hands as at present.

In order that medical service in the hospitals be raised to the highest possible standards comparable to the quality and efficiency with which medicine is administered to the private citizen outside of the state institutions, we recommend that a certain measure of specialization be encouraged in the appointment of hospital staffs, realizing that greater proficiency will be obtained than by emphasizing general qualifications covering the whole field of neuropsychiatry, medicine, surgery, and executive experience in the selection of the medical officers.

When one considers that each of our state hospitals represents in a manner a community of from two to six thousand persons afflicted not only with mental aberration, but often with all the varying disease conditions existing outside of the institution, it must become apparent that a medical officer, however competent he may be as a psychiatrist, is not likely to be equally as competent in every other department of medicine.

While it is recognized that neuropsychiatry will of necessity be one of the occupying duties of all members of the staff, it is expected that they shall be chosen for their special fitness and proficiency in one or other of the department activities and that their major interest shall be confined to the special field for which they are employed.

We believe it important for the good of the service that ample opportunity be given for advancement from one grade to the other at regular periods not only as a stimulus to constructive progress, but to permanency of the state hospital service. It is well recognized that by reason of the personal equation and individual interest some men may be better adapted for executive work, while others would prefer to follow the line leading toward scientific and clinical development. For this reason we feel that there should be a point of cleavage from which point there should be a development, on the one hand, of men suitable for the superintendency of institutions with all that implies and, on the other hand, to the position of medical director whose interests are wholly apart from executive administration.

We recommend that at least as often as every two years medical officers be examined as to their fitness and eligibility for promotion to the next higher grade.

We recommend that all medical officers in state hospitals be subject to civil service regulation as to their appointment and dismissal, and that no officer shall be dismissed without written charges being filed and the officer granted the usual right of hearing before the Civil Service Commission.

We recommend that the superintendents of institutions shall be appointed, as at present, by the Director of Institutions from civil service eligible lists, and that all other medical officers in the hospitals be appointed by the superintendents of their respective hospitals, subject to the approval of the Director of Institutions or the Governor, and that such officers be removable by the superintendent under civil service rules.

Provision shall be made for the temporary appointment of superintendents or members of the staff without civil service qualifications, but no temporary position thus filled shall extend beyond a period of three months without civil service examination.

We believe that one of the present weaknesses in the method of filling vacancies on hospital staffs is the lack of candidates from which to choose, and we therefore recommend that provision be made for suitable publicity as to staff vacancies and the conditions of appointment.

While it is highly desirable that all the California institutions be staffed as far as possible by residents of the State of California, and preferably by promotion within the hospital service itself, we do not

believe that this should be adhered to so closely as to lower the standard of appointments. The teaching of young men in the department of mental diseases has been carried on to a much greater extent in some of the eastern states than has been so on the Pacific Coast, and it is quite possible that some of these young psychiatrists might be available and become valuable assistants in the development of our California institutions.

We suggest as a desirable classification and in furtherance of the plan outlined, the following designations:

1. Director of Institutions.
2. (a) Superintendent of Hospitals.
(b) Medical Director.
3. Physician Psychiatrist.
4. Physician Internist.
5. Physician Surgeon.
6. Physician Pathologist.
7. Physician Specialist, *i. e.*, Eye, Ear, Nose, Throat, etc.
8. Senior Assistant Physician (Psychiatrist, Internist, Surgeon, Pathologist).
9. Junior Assistant Physician (Psychiatrist, Internist, Surgeon, Pathologist).
10. Dentist.

1. *Junior Assistant Physician*.—Graduate of well-recognized nonsectarian medical school with at least one year internship in Class A Hospital, and with license to practice medicine in California.

2. *Senior Assistant Physician*.—Shall possess all the qualifications required for the junior grade and shall have had at least two years' actual experience in a well-equipped hospital for mental diseases.

3. *Physician Specialist*.—Shall be a graduate of a well-recognized nonsectarian medical college, with unrevoked license to practice medicine in California. Shall have had one year internship in well-recognized hospital and two years' experience in the practice of his specialty.

4. *Physician Pathologist*.—Shall be graduate of well-recognized nonsectarian medical college. Shall have had at least four years' actual experience in the practice of his specialty.

5. *Physician Surgeon*.—Shall possess all the qualifications for assistant physician, senior grade, and shall have had at least two years additional practice in which the major interest was surgery.

6. *Physician Internist*.—Shall possess all the qualifications for assistant physician, senior grade, and shall have had, in addition, at least two years' practice in which the major interest was internal medicine.

7. *Physician Psychiatrist*.—Shall possess all the qualifications required for assistant physician, senior grade, and shall have had at least two additional years' actual practice as psychiatrist in a well-equipped hospital for mental diseases.

8. *Medical Director*.—Shall have all the qualifications of junior assistant physician and, in addition, shall have had at least five years' experience in actual practice, with not less than three years' experience in psychiatric work and two years as a major in internal medicine.

9. *Superintendent of Hospital*.—Shall have all the qualifications of junior assistant physician and, in addition, shall have had at least five years in actual practice, with not less than three years' experience in psychiatric work and two years additional experience either in psychiatry or other department of medicine.

Respectfully submitted,

George G. Hunter.

In view of the fact that since this matter was referred to the Committee on Medical Education and Hospitals, the President of our Association has appointed an Advisory Committee to the Director of Institutions. It seems proper that these recommendations shall have a further consideration by this advisory committee, and we recommend that it be referred to them for review and criticism. I so suggest.

THE ACID-BASE BALANCE OF THE BODY *

Its Relation to Health and Disease

The Acid-Base Balance of the Body.—Until recent years little consideration was given to the question of the acidity or alkalinity of body fluids. But of late the importance of maintaining or restoring the acid-base balance in the prevention and treatment of disease has become a major problem of physiological and clinical research.

Progress in this direction has been so rapid that a new field may be said to have opened to the clinician, based on a greater knowledge of the chemistry of the body.

In this connection certain terminology has been inherited by us from our misinformed ancestors and a number of new terms has arisen to meet the newer knowledge. Some confusion has naturally followed, to overcome which it is necessary to become familiar with new words and phrases as well as to understand more thoroughly the action of salts, bases and acids in health and disease.

Terminology.—The body consists essentially of proteins, fats, carbohydrates, inorganic salts, carbon dioxide and water—the latter constituting at least 75 per cent of the total body weight (1). The percentage of any class of constituents in the body is fairly constant at all times.

Electrolytes and Ions.—It has been found that many inorganic salts, bases and acids in solution are capable of transmitting an electric current. Such substances are termed "electrolytes."

This ability to carry an electrical current is satisfactorily explained by the Ionic Theory, which hypothesizes that in a solution of electrolytes a process of dissociation takes place, the molecule being broken down into ions, one class of ions carrying a positive charge and other ions carrying a negative charge of electricity. Thus in the case of sodium chloride, for example, there would be present in the solution:

- (a) sodium chloride molecules, carrying no charge;
- (b) sodium ions, carrying a positive charge;
- (c) chloride ions, carrying a negative charge.

Acids and Bases.—The behavior of acids, bases and salts in water solutions is due to the activities of their ions. In this connection, two types of ion are especially involved, namely *hydrogen ion* and *hydroxyl ion*. If the hydrogen ions are in excess of the hydroxyl ions, a solution is acid; if fewer, the solution is alkaline.

Dissociation.—Some acids and bases are spoken of as "strong," while others are described as "weak." The essential difference lies in the degree of dissociation into ions. Each substance has a "dissociation constant," which differs with the individual substance. This means that not all substances in solution divide into their respective ions to the same degree.

For example, in an acetic acid solution, there are more of the combined hydrogen acetate molecules than there are of the hydrogen and acetate ions. Hence, acetic acid is a weak acid.

On the other hand, in a hydrochloric acid solution, more of the substance is in the form of hydrogen and

chloride ions than in the form of hydrogen chloride particles. This, then, is a strong acid.

What is pH?—Even distilled water breaks up slightly into its respective ions. The number of hydrogen ions here equals 0.0000001 grams per liter. This is expressed in terms of the power of ten, thus: $[H^+] = 10^{-7}$. Likewise, the hydroxyl ions also equal $\frac{1}{10,000,000}$

gram-molecules per liter, or, $[OH^-] = 10^{-7}$. In other words, the two opposing ions balance, and the solution is neutral.

In view of the large figures involved, and the resultant confusion, Sørensen has introduced the term pH to simplify the nomenclature. By this method, the ten and the minus sign are omitted, leaving only the exponent. Thus, water has a pH of 7.

The total dissociation is always 10^{-14} . Therefore, as the hydrogen ions increase, the hydroxyl ions decrease proportionately. For this reason, we are able to omit consideration of the hydroxyl ions and mention only the hydrogen ion concentration, remembering that the total is always 14. The pH, therefore, is based only on the hydrogen ion concentration.

To summarize, a pH of greater than 7 is alkaline, or basic, while a pH of less than 7 is acid. The farther away from 7, the more acid or alkaline.

pH of the Body Fluids.—Normally, the pH of the blood is confined within the limits of 7.3 and 7.5. The maximum range of toleration, however, is between 7.0 and 7.8 (1).

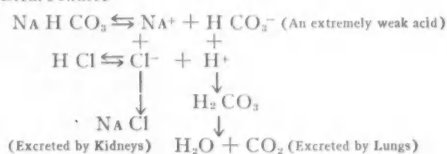
Acidosis and Alkalosis.—The body fluids, therefore, are always slightly alkaline. A pH of 7.5 or over is called an "alkalosis" or "hyperalkalinity," while a pH less than 7.3 is variously termed "acidosis," "hyperacidity," or "hypoalkalinity." While the latter term more correctly defines the condition, "acidosis" is more popular in the literature and is most widely used by clinicians. For this reason we shall confine ourselves to the terms "alkalosis" and "acidosis," remembering that at no time does the blood give an acid reaction.

Buffer Salts.—The manner in which the body fluids are kept physiologically neutral is of great interest and importance. Briefly, this is accomplished in three ways: by the action of buffers, or tampons (those compounds that resist changes in pH when an acid or alkali is added); by respiration; and by excretion (4). We are particularly interested in the buffer salts of the body, which are comprised of both organic and inorganic substances (3).

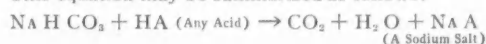
The principal organic buffers are the proteins, which, because of their amphoteric properties, combine equally well with acids or bases. The dual character of this type of buffer is due to the protein molecule, which contains both amino (NH_2) and carboxyl ($COOH$) groups. The amino group functions as an alkali and combines with acids, whereas the carboxyl group assumes acidic properties and combines with bases.

Graphically, the actions of the various types of inorganic buffer may be shown in the form of chemical equations, as follows:

1. Bicarbonates

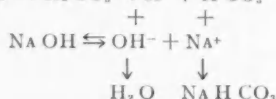
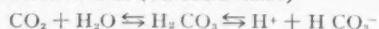


This equation may be summarized as follows:

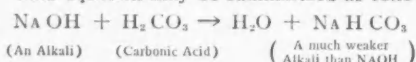


* Editor's Note.—The National Institute of Health, successor to the Hygienic Laboratory of the United States Public Health Service, which in turn operates as one of the bureaus or divisions of the Treasury Department of the United States, came into existence through an act of Congress, approved May 26, 1930. One of the publications brought out by the National Institute is a small booklet on "The Acid-Base Balance of the Body." Part One of that booklet is here reprinted because it is more or less pertinent to the California Medical Association prize paper by Dr. Harold L. Thompson, which also appears in this issue under the title, "Resection of the Pylorus." (See page 383.)

2. Carbonic Acid (Carbon Dioxide)



This equation may be summarized as follows:



3. Phosphates

In the presence of strong acids di-sodium phosphate combines with them to produce a weaker acid. By contrast in the presence of strong bases the blood supplies acid sodium phosphate to act as a buffer and produce by combination a weaker base.

Respiration.—The chief waste product of oxidation is carbon dioxide. This is carried as carbonic acid in the blood stream until it finally reaches the lungs and is released. The concentration of carbonic acid in the blood regulates the depth of breathing by stimulation of the respiratory center in the brain. Thus with increased acidity the breathing becomes faster and more carbon dioxide is released (hyperventilation) which in turn reduces the acidity to normal. An alkaline condition, on the other hand, results in diminished aeration and allows the acid (CO_2) to accumulate in the body.

Excretion.—When the buffer salts and respiratory system are overtaxed by acid, the body rids itself of acid excess by way of the kidneys, the sudoriferous (sweat) glands, and the alimentary canal, the kidneys being the most important agent for this purpose.

The urine may become as acid as pH 5.0 or as alkaline as pH 8.0. This is due to the ability of the kidney to combine acids with the least amount of base in the presence of acidosis, and by contrast, to utilize the greatest combining power of acids in the presence of an alkalosis. The sweat glands act similarly to the kidneys.

In the case of the alimentary canal, Nature makes use of the urge to vomit in pathological cases as a means of keeping the digestive fluids normal in reaction. Also the normal fecal matter is found to contain certain electrolytes, indicating the function of the bowel in controlling the acidity of the body.

The Carbonic Acid-Bicarbonate Ratio.—Carbon dioxide may exist in the blood in four forms: free CO_2 , carbonic acid (H_2CO_3), bicarbonate (HCO_3^-), and carbonate (B_2CO_3), although actually only bicarbonate and carbonic acid occur in appreciable quantities (8). The two latter constitute the most important buffers of the body and upon their interrelationship depends to a great extent the acidity of the body.

$$\text{When the ratio } \frac{\text{NaHCO}_3}{\text{H}_2\text{CO}_3} = \frac{20}{1}, \text{ the pH of the body}$$

may be said to be 7.4 (Hartmann), other factors being unchanged. This ratio is considered normal. It would seem that such a fraction would tend toward alkalinity, but it must be remembered that blood serum is normally slightly alkaline and that weak acids require a large amount of alkali to alter their reaction to any given extent; carbon dioxide, for example, requires 24 times as much alkali as acetic acid to bring about a definite alteration (Stewart).

This peculiarity enables the body to possess a greater potential alkalinity than the titratable alkalinity. The bicarbonate is held in reserve by carbonic acid, but when alkali is needed, the carbonic acid is excreted in the form of CO_2 and the alkali released for utilization.

HEALING CULT COSTS

Under the caption "Twelve Per Cent of Medical Cost Paid Annually to Healing Cults," the United States *Daily* of May 2, 1932, printed the article reproduced below. The article deals with a recent report of the Committee on Costs of Medical Care, and the facts contained therein should be of interest to all citizens. It is to be regretted that our American lawmakers have never seemed to recognize the importance of laying down proper minimum standards of preliminary and professional education and training, applicable alike to all persons seeking legal sanction to practice the healing art, be that practice of nonsectarian (regular) or of sectarian (cultist) form. This subject of basic qualifications is also discussed elsewhere in this number of CALIFORNIA AND WESTERN MEDICINE (see report of special committee on "Qualifying Certificate" Act and Medical Practice Law, page 446).

The article from the United States *Daily* follows:

TWELVE PER CENT OF MEDICAL COST PAID ANNUALLY TO HEALING CULTS

Legislation in the United States fails to protect the public against unqualified and poorly trained practitioners of various healing cults who are receiving \$125,000,000 annually for their services, the Committee on the Cost of Medical Care announced in a statement received by the Department of the Interior April 30. This sum represents 12 per cent of the annual American medical bill.

The statement, which summarizes the report of Louis S. Reed presented to the committee, says that although states maintain high standards for doctors of medicine, legislation "sanctions the existence on a lower plane of qualifications of thousands of poorly trained practitioners." The use of any therapeutic measures by unqualified persons, the statement points out, is "unsound, dangerous and wasteful."

It is recommended that laws require healing practitioners who apply for licenses to practice their art first pass an examination of the basic sciences, be properly trained, and possess an adequate knowledge of the human body and diseases. One of the reasons that people apply to this group is because many are still "basically superstitious" about disease and health and regard medicine as "magic." The statement of the committee, of which Dr. Ray Lyman Wilbur, Secretary of the Interior, is chairman, follows in full text:

Approximately \$125,000,000 annually, equivalent to 12 per cent of the amount spent on the 142,000 doctors of medicine, is expended in the United States on 36,150 other practitioners who hold themselves out to treat the sick—osteopaths, chiropractors, naturopaths and allied healers, and Christian Science and New Thought practitioners—according to Louis S. Reed, Ph. D., in a report presented May 1 to the Committee on the Costs of Medical Care.

Present legislation designed to protect the public from unqualified practitioners is not accomplishing its purpose, according to the report, for, although it maintains high standards for doctors of medicine, it sanctions the existence on a lower plane of qualifications of thousands of poorly trained practitioners. The use of any therapeutic measures by untrained or poorly trained individuals, unable to diagnose disease and unaware of their limitations, is unsound, dangerous and wasteful, no matter how sound those measures may be, Mr. Reed said.

The report stated that, while religious healing is able to accomplish beneficial results in some conditions, it may be harmful when practiced by those unable to diagnose disease, especially when it is held that disease is an illusion.

Mr. Reed's report, "The Healing Cults," published by the University of Chicago Press, is the sixteenth study completed by the Committee on the Costs of Medical Care, which, on November 29, will issue its final report with recommendations based on its exhaustive five-year study of the problem of "the delivery of adequate, scientific medical service to all the people, rich and poor, at a cost which can be reasonably met by them in their respective stations in life."

As a result of his exhaustive study, Mr. Reed estimated that the people of the United States annually spend \$42,000,000 for the services of the nation's 7,650 osteopaths; \$63,000,000 on 16,000 chiropractors; \$10,000,000 on

2,500 naturopaths and allied groups; and another \$10,000,000 on 10,000 Christian Science and New Thought healers.

Exclusive Use Not General

A study of 7,800 representative families revealed that only fifty-two families considered healers in these cults as their family practitioners. Only 1.3 per cent of the families having medical care during the year used them exclusively, although 10 per cent resorted to healing cult practitioners at one time or another.

The report traces the development and history of the various cults and contains descriptions of the schools, the ideas and legal status of each group. It points out the similarity in the origin of many of the cults, in that originally their treatments were "cure-alls" based on all-inclusive theories of the cause of disease. Modification of such theories and the elevation of professional and educational standards gradually leads the cult to improve in training and diminish in number, and eventually to be assimilated into the general body of regular medical practitioners, according to the report.

Mr. Reed condemned the quality of teaching in the chiropractic and naturopathic schools. He found that entrance requirements are lax, equipment is poor, and none makes adequate hospital clinical facilities available to its students, while faculties are largely composed of persons ignorant of the established facts of medicine. At the completion of the regular course in one school, the report reveals, the student receives four diplomas and becomes a Doctor of Chiropractic, a Doctor of Naturopathy, a Doctor of Physiotherapy and a Master of Physical Culture.

Prevalence Explained

In explaining the prevalence of healing cults, Mr. Reed stated that "the idea of healing the sick, and being a 'doctor' with all that the title entails, is very attractive to many people, but this field of economic endeavor is closed to many by reason of the very high qualifications which the law requires of medical practitioners. Healing cults, therefore, provide a short cut for those who lack time, money or mental capacity to attain the qualifications demanded of the medical profession."

Mr. Reed gave some of the reasons why the public patronized healing cult practitioners:

1. Because of inattention by some medical practitioners to minor illnesses and to ailments of the mind.
2. Because doctors cannot cure all diseases and those who have failed to obtain help from regular doctors feel that little is lost by trying the "irregulars."
3. Because many people are still basically superstitious about diseases and health. They know little about the body and its functioning. They regard medicine neither as science nor art but as magic. To these the healing cult practitioner, with his simple explanation of disease, his confidence and his promise of cure, appears as a greater magician than the physician whose very knowledge makes him hesitate to promise a cure.

Recommendations Offered

4. Because many patients are unaware of the limitations of healing cult practitioners whom they consult, since they do not understand the meaning of D. O., D. C., N. D., and other titles of the various practitioners indiscriminately called "doctor." The reputation of healing cult practitioners is sustained by the fact that in acute diseases 80 to 90 per cent of all patients get well under any treatment or none. And when a patient gets well his recovery is attributed to the virtues of the treatment.

Mr. Reed pointed out the following ways in which the situation with regard to the healing cults can be improved:

The lay community's stock of knowledge regarding the human body and its functioning must be enlarged and more widely disseminated. As a result, for each succeeding generation, the limits within which credulity exists and unscientific practitioners can operate will be narrowed.

The passage by more states of basic science laws may be expected to cut down the inflow of poorly trained practitioners. These laws, already in existence in some states, require that all applicants for licenses to practice any branch of the healing art must first pass an examination in the basic sciences. The state should see that healing practitioners, whatever their beliefs, are properly trained and that they possess an adequate knowledge of the human body and its functioning and the diseases which afflict it.

TWENTY-FIVE YEARS AGO*

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. V, No. 6, June 1907

From some editorial notes:

Attacks on State Journal.—The present crop of attacks upon the *California State Journal of Medicine* and its editor seems to be rather larger than usual. We wonder why? Also, we wonder why some of the medical (?) journals which publish these attacks go to the trouble of sending copies to all physicians in California. . . .

Frauds Exposed.—You all recall the remarkable series of exposures of the great American fraud, published in *Collier's Weekly* in 1905 and 1906. The task of preparing this matter was very great, and the results thus far accomplished are by no means small. But the work should not stop now. The purveyors of dope to the public live and hope that "it will all blow over." They know that memory is short and trust this will all be forgotten before long. . . .

From an article on "Report of the Board of Medical Examiners" by Dudley Tait, San Francisco:

The policy pursued by the Board of Examiners during the past two years has not deviated from that outlined in Riverside. The strictest adherence to the law has characterized every decision, every move, every act. "Better no law at all than one which is not enforced," has been our motto. You may scan our records, peruse our archives, and you will find none of the nambypamby methods so prevalent in many official bodies. Two subjects in particular have occupied the attention of the board and called for special study: First, the preliminary educational requirements of matriculants to the medical schools of this state; second, the framing of a new medical law.

From an article on "Specific Therapy in Tuberculosis" by George H. Evans, M. D., San Francisco:

Nearly seventeen years have elapsed since Koch made the remarkable announcement of the discovery of a remedy prepared from a concentrated culture of the tubercle bacillus for the treatment of tuberculosis. . . .

From an article on "Medical Organizations and Public Health Work—With Special Application to the Milk Problem of California Cities" by George H. Kress, M. D., Los Angeles:

. . . The modifications in the dairy score card adopted for Los Angeles were agreed upon by the Los Angeles Pure Food Committee and the Los Angeles Milk Board of Trade, meeting together for that purpose in joint session. . . .

. . . Organization means, then, more disease prevented, more lives saved, a more scientific and a more fraternal and a more prosperous medical profession; in fact, the very things which are the ideals for which we should and do stand.

Is not, then, a better organization of the medical profession of California the paramount question and issue before us?

* This column strives to mirror the work and aims of colleagues who bore the brunt of state society work some twenty-five years ago. It is hoped that such presentation will be of interest to both old and recent members.

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

By GILES S. PORTER, M. D.
Director

Suicide Rate Normal in Spite of Depression.—Contrary to expectations, the California suicide rate for 1931 remained almost the same as the 1930 suicide rate. In 1930 the rate was 26.3 per 100,000 population and in 1931 the rate was 26.8 per 100,000 population. There were 1,509 suicides in California in 1930 and 1598 in 1931. This would indicate that Californians are meeting unfavorable economic conditions with courage and that financial difficulties constitute a negligible factor in California suicides.

Sacramento Health Department Issues Biennial Report.—Dr. Herbert F. True, City Health Officer of Sacramento, has issued the first biennial report of the Sacramento City Health Department since the development of a full-time organization. Among some of the most important accomplishments during this period are the establishment of a complete city health center by the fusion of the municipal clinic and child welfare division and their removal to a better location in a well adapted modern building; the inauguration of school health service in the parochial and private schools; the inauguration of a physical examination service for milk handlers; the extension of inspection service to cover the installation of gas appliances; and the adoption of a new system of animal control and pound service by which individuals who keep dogs are required to secure permits in the same manner that other permits are obtained from city departments. A regulation has been adopted, also, by which, beginning in August, 1933, all dairies selling or delivering milk in the city of Sacramento must offer proof that the milk comes from cows which have passed the tuberculin test.

In addition to the established functions of the department, it is planned to make the health office itself more available as a reference and advisory service for city officials, business organizations, schools, and private citizens. Last year a library bureau was established in the central office of the department under which a large amount of classified material on health subjects has become available to all individuals who may desire to use it. A lecture service has also been started and staff members have been called upon to make many addresses before organizations, schools and institutions.

Communicable diseases, during the biennial period, have remained at relatively low levels. An outbreak of rabies in dogs caused the greatest concern, but the prompt institution of control measures brought this outbreak under control.

Tuberculosis Death Rate Makes Phenomenal Decrease.—The tuberculosis death rate in California dropped last year to 88.9 per cent per 100,000 population. There were 5,292 tuberculosis deaths in 1931 as compared with 5,629 such deaths in 1930. The rate per 100,000 population in 1930 was 98.2. The death rate for tuberculosis has fallen from 221.8 per 100,000 population to its present low mark.

There are many factors that are responsible for the remarkable reductions in the death rate for this disease. One of them is the provision of adequate facilities for the treatment of tuberculosis patients. The economic depression has had no effect upon the mortality rate for this disease. It is possible that lack of proper and sufficient food had built a background for the development of future cases of this disease during coming years, but the depression itself has produced no effect upon the death rate from this disease. It is possible, too, that favorable economic conditions that have existed in California during past

years are, in a measure, responsible for the low death rate from tuberculosis which prevails at the present time. The general prosperity that has been enjoyed, ideal labor conditions, the availability of wide varieties of foods, and the provision of innumerable recreational facilities have no doubt been deciding factors in lowering the tuberculosis death rate.

Due to its favorable climatic conditions, California attracts many sufferers from tuberculosis and as a result the death rate from this disease is higher in California than in most of the other states. The same is true of New Mexico, Arizona, Colorado, and a few other states to which tuberculosis patients migrate in large numbers. A total of 342 individuals who had lived in the state for less than one year died of tuberculosis in 1931. A total of 1,026 individuals who had lived in the state less than four years died of this disease last year. Out of a total of 5,292 deaths from this cause in 1931, 3,065 were in individuals who had lived in this state for ten years and over.

Most deaths from tuberculosis occur in individuals who are between 25 and 44 years of age. A considerable number of such deaths occurs also among those who are between the ages of 15 and 24. Twenty per cent of all tuberculosis deaths* in California last year were in Mexicans. There were 1,195 deaths among individuals of this race, as compared with 3,467 among those of the white race, 178 negroes, 149 Japanese, 107 Chinese, 63 Indians, and 113 of all other races. The following table gives the number of deaths from tuberculosis and the rate per 100,000 population by years from 1906 to 1931:

Year	Deaths	Rate
1906	4,437	221.8
1907	4,607	225.5
1908	4,565	209.0
1909	4,673	203.9
1910	4,872	203.0
1911	5,114	203.9
1912	5,128	196.0
1913	5,402	198.3
1914	5,320	187.8
1915	5,551	186.9
1916	5,267	172.8
1917	5,457	172.9
1918	5,888	180.4
1919	5,678	168.3
1920	5,397	152.6
1921	5,427	144.5
1922	5,847	147.1
1923	5,724	136.5
1924	6,023	136.5
1925	5,896	127.3
1926	5,794	119.4
1927	5,960	117.6
1928	6,074	114.8
1929	5,855	106.3
1930	5,629	98.2
1931	5,292	88.9

TUBERCULOSIS MORTALITY

Length of residence in California	1930	1931
Under one month.....	41	28
One to three months.....	35	77
Four to six months.....	88	77
Seven to twelve months.....	186	165
Thirteen months to four years.....	760	684
Five to nine years.....	1,010	897
Ten years and over.....	3,103	3,065
Unknown	346	304

BY RACE

Race	1930	1931
White	3,648	3,467
Negro	201	178
Indian	99	63
Chinese	113	107
Japanese	143	149
Mexican	1,306	1,195
Others	119	133

BY AGE GROUPS

Age Group	1930	1931
Under 1 year.....	88	73
1-4	227	213
5-14	237	196
15-24	950	863
25-34	1,175	1,088
35-44	1,024	1,012
45-54	870	852
55-64	572	552
65 —	486	443

Inspection of Aviaries as a Measure in the Control of Psittacosis.—Aviary inspection was established by the State Department of Public Health about the middle of January. From that time through the end of March, a total of 423 aviaries, containing 58,798 birds, were inspected. Nearly 53,000 of these birds were parakeets, 3,300 love birds, and 427 parrots.

Unreasonable Swimming in Lakes and Streams Prohibited.—A recent opinion by the attorney general of Section 5 of the Public Health Act, prohibiting swimming or washing clothes in streams, lakes and reservoirs used or intended to be used for drinking purposes, holds that the section must be interpreted in the light of the remainder of the act and of other statutes and therefore not as an absolute prohibition. But unreasonable use or abuse can be prohibited.

Immunization Clinics in Orange County.—During March, the Orange County Health Department, of which Dr. K. H. Sutherland is Health Officer, conducted sixteen immunization clinics. In these clinics, 383 individuals were vaccinated against smallpox and 567 received the complete immunization against diphtheria. During the first three months of the year, a total of fifty-six such clinics has been held in Orange County, in which 632 individuals were vaccinated against smallpox and 1,602 immunized against diphtheria. These figures represent nearly double the number of immunizations that were done during the first three months of the year 1931. The Orange County immunization program for 1932 is now well on its way.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

By CHARLES B. PINKHAM, M. D.
Secretary

News Items, June 1932

On May 2, 1932, Governor James Rolph, Jr., announced the appointment of Doctors Charles T. Sturgeon and W. R. Molony of Los Angeles and Fred DeLappe of Modesto as members of the State Board of Medical Examiners. Doctor DeLappe, appointed for a term expiring January 15, 1935, succeeds Dr. George Dock of Pasadena, term expired. Doctor Sturgeon, appointed for a term expiring January 15, 1935, succeeds Dr. H. M. Robertson of Santa Ana, and Dr. William R. Molony, appointed for a term expiring January 15, 1935, succeeds Dr. Harry V. Brown of Glendale.

"The status of the Superior Court, Appellate Department, as a tribunal of last resort, is questioned in a petition for writ of error on file today in the State Supreme Court, in which City Prosecutor Johnson asserts that the Supreme Court has the inherent power to set aside decisions of the department that are in conflict with decisions of the District Court of Appeal. The writ of error petition, a rare proceeding, attacks the ruling of the Appellate Department, rendered March 25 last, in which it held that W. I. Schuster, a chiropractor, could not be prosecuted under the Medical Practice Act for any misuse of the prefix 'Dr.' but must be prosecuted therefor under the Chiropractic Act, if at all. The department's decision, as reported in 69 C. A. D. (Supplement 35): . . . Unless the Supreme Court can take jurisdiction, the petition continues: 'An anomalous condition exists whereby the decisions of the inferior court are superior to the decisions of said District Court of Appeal, for the reason that the writ exists to have the Supreme Court determine the correctness of the decision of the said District Court, while no means exists whereby the errors of the said Appellate Department of the Superior Court may be reviewed.'" *Los Angeles Journal*, May 5, 1932).

"Investigation of a San Francisco diploma mill yesterday was being made in the bay city by Dr. Charles B. Pinkham, secretary of the State Board of Medical Examiners. With American Medical Association officials and postal authorities, Doctor Pinkham was investigating the activities of the 'Carnegie Medical College of San Francisco.' . . . The case arose out of the arrest in Connecticut of 'Dr.' Paul Roger Zahlmann, convicted on charges of violating the Medical Practice Act. Zahlmann testified he attended school in San Francisco, displaying a diploma from a college found to be nonexistent. . . ." (*Sacramento Union*, April 27, 1932).

At a recent hearing before San Francisco Deputy District Attorney Leslie Gillen, based upon a complaint as to the *modus operandi* of certain hospital associations, it is reported that Mr. H. N. Duhem, said to control a large number of such hospital companies, all having offices at 733 Phelan Building, San Francisco, offered an explanation regarding "a complaint of the nonfulfillment of a contract" on the part of one of the hospital associations, assertedly to be under his management. An interesting feature developed in that, according to reports, a large number of these companies are said to exist in name only, there being no record of their incorporation, while other companies are said to have forfeited their corporation rights through failure to pay their state franchise tax.

Complaint was recently filed with the Board of Medical Examiners that individuals claiming to represent the "National Farm Health Bureau" and the "Metropolitan Health Bureau," alleged organizations not incorporated in the State of California, are selling in rural communities health policies, assertedly claiming connection with the Metropolitan Life Insurance Company, which organization is reported to be taking legal steps to stop this misrepresentation.

"A warrant for the arrest of Dr. Percy D. Purviance, head of the Golden Gate Chiropractic College, was issued yesterday by Deputy District Attorney Leslie C. Gillen. The warrant was issued on complaint of Mrs. Bessie Leone, who, according to the complaint, charged that Doctor Purviance offered to sell her the degree 'Doctor of Chiropractic' for the sum of \$600."

"Branded by the Grand Duchess Marie of Russia as an impostor, a man who said he was 'General Verieguy' and 'The Grand Duke Michael Alexandrovich of Russia, today was identified by police as R. H. W. Albrectondare, a fake healer and swindler. Policewoman Mary Ross said that Albrectondare, who was charged with renting a uniform for \$12.50 and having himself photographed as a 'Grand Duke,' had a long police record that included several swindles and jail sentences" (*Press dispatch*, Los Angeles, April 20, printed in the *San Francisco Call*, April 20, 1932). (Previous entries June, 1925; March, 1926; February and December, 1927; July, 1930.)

On May 7, 1932, Governor James Rolph, Jr., appointed Warren B. Davis, D. O., of Long Beach to the Board of Osteopathic Examiners for the term expiring December 21, 1934, vice A. V. Kalt, D. O., of Pasadena.

According to reports from the State Narcotic Division, Samuel Pink Burre, M. D., on May 6 pleaded guilty in the Police Court of Eureka to a charge of violation of the State Narcotic Law and was sentenced to pay a fine of \$30.

According to reports, Filiberto A. Bonaventura, M. D., recently pleaded guilty to a charge of violation of the Harrison Act in Columbus, Ohio, and was sentenced to imprisonment for a period of three years and to pay a fine of \$600, said sentence being suspended and defendant placed on probation, he being permitted to pay \$100 on account of the fine, the bal-

ance thereof to be paid by October 1, 1932, "or said defendant to stand committed to the county jail until paid."

"Dr. J. Coleman Browne of Stockton and Walter Skotlund, Santa Cruz insurance man, who pleaded guilty to securing a false affidavit for Daniel Curley, war veteran, yesterday reimbursed the Government for \$2,500, the sum paid to Curley. They were then released by order of United States District Judge A. T. St. Sure, who had announced that he would modify the sentences of one year in jail, provided restitution was made. The defendants were placed on probation for one year" (San Francisco *Examiner*, May 8, 1932).

"Edward Cavanaugh, in jail in Los Angeles, yesterday was identified by Mrs. Johanna Zeh of Antelope Valley as one of three men who she says swindled her out of \$1,000 through the medium of the age-old eye treatment racket, according to a telegram received by District Attorney Neil R. McAllister here yesterday from Harry Knoll, County Detective. . . . According to Mrs. Zeh, Cavanaugh acted as contact man for the trio of swindlers. He appeared at Mrs. Zeh's home in the guise of a spectacle salesman and fitted her eyes for glasses. He pretended to discover an 'ailment' in one of her eyes, which he told her could be cured only by radium treatment. He assertedly recommended a 'Doctor Miles,' another member of the gang. 'Doctor Miles' appeared on the scene at a later day and administered 'radium,' which turned out to be drops of clear water. By a sleight-of-hand movement the 'doctor' produced a small particle of substance which he told the patient had been removed by application of 'radium.' He accepted \$1,000 for his fee, the woman says. The same gang is said to have swindled Charles Dixon, Elk Grove rancher, out of \$3,500 through a similar racket. Dr. Charles B. Pinkham, secretary of the Board of Medical Examiners, has been waging a campaign against swindlers of this type for several years and the board has broadcast thousands of pamphlets warning gullible people against the fraud. . . ." (Sacramento *Union*, April 21, 1932).

Reports relate that Jong Jou Choy, operating the Chun Kong Herb Company at El Centro, on April 22 pleaded guilty to a charge of violation of the Medical Practice Act and was sentenced to pay a fine of \$100 and serve sixty days in jail, sentence being suspended on condition of no further violation.

Reports relate that Burpee Cooper, M. D., recently pleaded guilty in Eureka to a charge of violation of the State Narcotic Law and was sentenced to pay a fine of \$30.

"Burt Cohn of Oakland was arrested last night in Harrisburg, Pennsylvania, on a fraud charge, growing out of his radio broadcasts as 'Maharajah the Great.' Mrs. Ada Sheeley, who filed the charges, said her unemployed husband, responding to Cohn's radio offers, paid him \$1 for a reading, and that she made an appointment for another reading at a cost of \$10, for which she was to receive 'reducing salts.' Meantime she said she notified the police and paid Cohn in marked bills" (Sacramento *Bee*, April 28, 1932). The radio has opened a new and lucrative avenue for buncombe.

Matthew O. Wilkinson, alleged eyesight swindler, recently returned by authorities from Texas, is said to be the individual who, in 1930, posing as a business man formerly of Bishop, Inyo County, interceded in behalf of eyesight swindlers Frank Faircloth and John F. Gebhart, mentioned in the 1930 annual report of the Board of Medical Examiners. Failing to appear in the Justice Court of Chula Vista on April 19, 1932, cash bail of \$200 deposited by his attorney was said to have been declared forfeited, whereupon a bench warrant was issued and his bond applied in payment of a \$200 fine. He is, assertedly, the brother of Elliott Wilkinson, eyesight swindler, now said to be serving a term in prison at Stillwater, Minnesota.

"Pleading guilty to a charge of practicing medicine without a license, Mrs. Ella Harry, masseuse, arrested at 229 East Weber Avenue, was given a 180-day suspended sentence yesterday by Police Judge Johnson. Suspended sentence was pronounced on condition she leave the state and not return for two years. She was given until eight o'clock last night to leave Stockton" (Stockton *Record*, May 5, 1932). Investigation disclosed she held a chiropractic diploma from the American University of Chiropractic dated August 3, 1923, she assertedly admitting that she attended this college for only one week; however, she was unable to tell where in Chicago it was located. She stated if she returned to California she would file an application for a chiropractic license.

"Richard J. Howard, sixty-one, self-styled 'Doctor,' was arrested here this morning by J. W. Davidson of the State Board of Medical Examiners and Deputy Sheriff John Ellis of Sonoma County on the complaint of District Attorney Albert F. Ross of Shasta County. Howard is charged with having jumped his bail in Shasta County in September, 1929, while awaiting trial for violation of the Medical Practice Act, following the death of Mrs. Paul Ruth in a confinement case in Shasta County. At the time of his arrest in 1929 Howard claimed he had been a physician in charge of a hospital in Kansas City, Missouri. . . . Howard is alleged to have told the authorities here that he received his medical training from his brothers, who were veterinary surgeons" (Press dispatch, Santa Rosa, April 21, printed in the Sacramento *Bee*, April 21, 1932).

Jefferson Hocker on April 19 pleaded guilty in the Justice Court of San Diego on a charge of violation of the Medical Practice Act and was sentenced to pay a fine of \$100, suspended on condition that he not again violate any provisions of the Medical Practice Act for a period of six months.

" . . . The National Sanatorium Corporation, Ltd., of which I. C. Jones, cancer treatment expert is president, asked for a permit to use the building at 630 The Esplanade as headquarters for the work. Roy Applegate was named as secretary of the corporation in the petition filed with the Council. . . ." (Chico *Record*, May 5, 1932).

Reports relate that Mrs. C. P. Ohlson on April 25 pleaded guilty in San Luis Obispo to a charge of violation of the Medical Practice Act and was fined \$100, suspended for six months on condition that she discontinue business immediately.

"Dr. Edward H. Purcell, 523 Fifteenth Street, Oakland, one of several northern California physicians charged with participation in a veterans' compensation fraud conspiracy, was fined \$500 today by Federal Judge Frank Kerrigan and given six months' probation. . . ." (San Francisco dispatch dated April 15, printed in the Oakland *Tribune*, April 25, 1932).

"Mrs. Virginia G. Rocine, wife of a visiting 'personality' lecturer, pleaded guilty to a violation of the state medical practice law today and was fined \$250 by Justice Eugene Daney, Jr. Judge Daney suspended the fine on condition that she violate no further laws for a year. . . ." (San Diego *Tribune*, April 21, 1932).

Walter Rittenhouse was on April 26 adjudged guilty in the Justice Court of San Diego on a charge of violation of the Medical Practice Act and sentenced to pay a fine of \$100, suspended one year on condition of no further violation of the law.

"Charged with defrauding William H. Hilts, seventy, of \$4,700, while treating him for an illness, Henry K. Snyder, chiropractor, was held under \$2,500 bond for Superior Court trial on grand theft charges by Superior Judge Joseph Chambers" (Hollywood Citizen *News*, April 19, 1932).

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and right people for my boy - and there - I found your lovely little place sheltered amid the flowers and trees, and most of all - wonderful, reliable people - I can't praise your "Haven" enough - to me it isn't a Sanatorium - it's so much more - a real home with loving care - it's wonderful.....

Sincerely
(Jack's Mother)

Nov. 2, 1931

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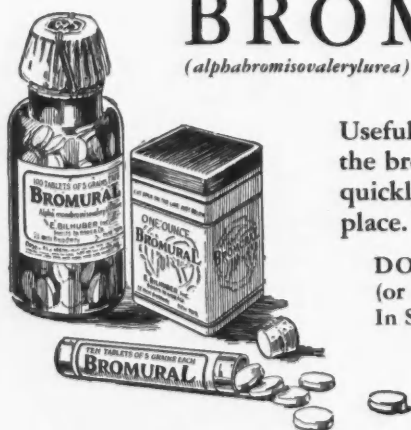
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